

**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF RHODE ISLAND**

STATE OF COLORADO, et al.,

Plaintiffs,

v.

U.S. DEPARTMENT OF HEALTH AND HUMAN  
SERVICES, et al.,

Defendants.

**DECLARATION OF DR. OLIVIA KASIRYE, M.D., M.S.**

I, Dr. Olivia Kasirye, M.D., M.S., declare as follows:

1. I am a resident of the State of California. I am over the age of 18 and have personal knowledge of all the facts stated herein, except to those matters stated upon information and belief; as to those matters, I believe them to be true. If called as a witness, I could and would testify competently to the matters set forth below.

2. I currently serve as the Public Health Officer for the County of Sacramento, California. I have held this position since February 2012. I received my Medical Degree from the Makerere University Medical School in Kampala, Uganda. I also have a Master of Science degree in Epidemiology from the University of California, Davis. I am Board Certified in Public Health and General Preventative Medicine.

3. Sacramento County Department of Health Services—Public Health (SCPH) works to promote and protect public health and safety by creating conditions for optimal well-being in the community. Through leadership, collaboration, prevention, and response, SCPH administers a broad range of programs to detect, prevent, and respond to infectious disease outbreaks, reduce chronic disease risks, and improve birth outcomes. During public health emergencies, SCPH issues and enforces health orders to protect residents. SCPH also provides vital services such as publishing educational materials, conducting workshops, offering nurse home visits, managing the local emergency medical services system, and hosting testing and vaccination clinics. These efforts help safeguard the well-being of all Sacramento County residents, particularly its most vulnerable populations.

4. SCPH recently received one (1) award termination from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), as well as informal notice from the California Department of Public Health (CDPH) of an additional three (3) sub-recipient awards being terminated by CDC. As of March 28, 2025, the total value of the County of Sacramento's known terminated awards is approximately \$26.5 million dollars. All terminations were "for cause" based on the end of the COVID pandemic, rather than failure of

1 SCPH to follow the terms or conditions of the grants. Descriptions of each award and the effects  
2 of these terminations follow.

3 **SCPH's CDC Grant (Award #6NH75OT000084-01):**

4 5. In 2021, the US Department of Health and Human Services ("DHHS") via the  
5 Centers of Disease Control and Prevention ("CDC") solicited and invited applications for grants  
6 titled "National Initiative to Address COVID-19 Health Disparities Among Populations at High-  
7 Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural  
8 Communities." A true and correct copy of the CDC's grant solicitation is attached as Exhibit A.

9 6. SCPH responded to the CDC's solicitation with a grant application on May 3,  
10 2021. As set out in its grant proposal, SCPH intended to use the requested funds to address  
11 COVID-19 Health Disparities among high-risk and underserved populations with a specific focus  
12 on growing local internal infrastructure and organizational capacity for groups most impacted by  
13 COVID-19.

14 7. On May 28, 2021, Sacramento County was directly awarded \$7,016,680 by CDC to  
15 address COVID-19 health disparities among high-risk and underserved populations. The grant was  
16 for an initial two-year term, from June 1, 2021 through May 31, 2023, and expanded in February  
17 2024 to a five-year term through May 31, 2026. True and correct copies of the SCPH's CDC grant  
18 Award #6NH75OT000084-01 and extensions are attached as Exhibits B-J.

19 8. As set forth therein in Exhibit B (General Terms and Conditions), termination of  
20 the grant by CDC is permitted only if a recipient or subrecipient (1) fails to comply with the terms  
21 and conditions of a Federal award; (2) for cause; (3) with the consent of the non-Federal entity  
22 with agreed upon termination conditions; or (4) Upon request by the non-federal entity.

23 9. Since May 2021, SCPH has used the Award #6NH75OT000084-01 grant funds in a  
24 manner fully consistent with CDC's statements regarding the nature of the grant and SCPH's grant  
25 application.

26 10. In addition to SCPH's internal use and creation of County staff response to  
27 complete its community health assessment, SCPH executed three (3) expenditure contracts with  
28 local public health entities. Two contracts established Community Wellness Hubs, which are

1 community-centered systems that connect County agencies, schools, libraries, hospitals and other  
2 essential partners to empower underserved populations to access information and care. The third  
3 contract implemented Sacramento County's Public Health Community Health Improvement Plan  
4 (CHIP)—part of the national accreditation process for public health departments. Effective March  
5 2025, all contracts were active and services were being provided in the community—with  
6 \$1,379,000 of services still outstanding and set to be performed throughout the Sacramento  
7 County community through June 2026.

8 11. On March 24, 2025, without any prior notice or indication, CDC informed  
9 Sacramento County that effective March 24, 2025 its Award #6NH75OT000084-01 was being  
10 terminated “for cause,” stating “The end of the pandemic provides cause to terminate COVID-  
11 related grants and cooperative agreements. These grants and cooperative agreements were issued  
12 for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over,  
13 the grants and cooperative agreements are no longer necessary as their limited purpose has run  
14 out.” The termination notice set the final day of any invoiced expenditures to March 24, 2025—  
15 the same day that the letters were uploaded to the Federal grants portal. A true and correct copy of  
16 the March 24, 2025 Award #6NH75OT000084-01 Termination is attached as Exhibit K.

17 12. SCPH received CDC's termination via the Grant Solutions platform on March 25,  
18 2025 at 4:14 AM Pacific Daylight Time (PDT). No appeal rights, administrative process, or  
19 response options were noted in CDC's termination notification.

20 13. SCPH relied and acted upon its expectation and understanding that HHS and CDC  
21 would fulfill its commitment to provide Award # 6NH75OT000084-01 funding it had awarded to  
22 SCPH. Termination of Award #6NH75OT000084-01 will result in up to \$3,008,994.12 in lost  
23 funding relied on by Sacramento County through May 31, 2026. All of this funding had already  
24 been built into SCPH's approved 24-25 budged and 25-26 budget currently pending. Each of the  
25 above-referenced contracts will have to be terminated, removing over \$1.3 million dollars from  
26 the local public health community.



1           14. Prior to the grant award termination on March 24, 2025, CDC had never provided  
2 SCPH with notice, written or otherwise, that the grant administered by CDC was in any way  
3 unsatisfactory.  
4

5 **CDPH COVID-19:**

6           15. From July 21, 2020 through August 17, 2021, SCPH was allocated four (4) rounds  
7 of COVID-19 Immunization funding, in conjunction with Immunization Local Assistance  
8 funding, as follows: Round 1: \$216,036.00; Round 2: \$260,284.00, Round 3: \$6,229,808, Round  
9 4: \$6,039,524.00—for a total of \$12,330,332.00 through June 30, 2025. This funding was awarded  
10 by the California Department of Public Health (“CDPH”), as a subrecipient of the State of  
11 California’s COVID-19 Immunization Program grant; CDPH’s funding source was federal  
12 CDC/DHHS funding (Award #6 NH23IP922612-02-02). Sacramento County’s CDPH COVID-19  
13 funding implementation response aimed to detect, prevent and respond to infectious disease  
14 outbreaks via administration of COVID-19, flu, and other Advisory Committee on Immunization  
15 Practices (ACIP)-recommended vaccines to high-risk and underserved communities throughout  
16 Sacramento County. SCPH’s activities included increasing vaccine confidence through education,  
17 outreach, and partnerships; ensuring high quality and safe administration of vaccines through  
18 provider education; increasing use of immunization information systems; monitoring vaccination  
19 coverage; responding to vaccine preventable disease outbreaks; and enhancing surveillance &  
20 reporting activities. True and correct copies of SCPH’s CDPH COVID-19 Immunization funding  
21 award and extensions are attached as Exhibits L-P.

22           16. In addition to implementing a SCPH-based mobile immunization strike team of  
23 limited term Registered Nurse positions, SCPH also executed four (4) expenditure contracts with  
24 local public health entities as subrecipients for expanded vaccine availability in schools and  
25 congregate care settings and to coordinate local pediatric and adult vaccination response through  
26 June 30, 2025, with anticipated extension beyond that date. Effective March 2025, all contracts  
27 were active and services were being provided in the community—with \$1,198,051 of services still  
28

1 outstanding and set to be performed throughout the Sacramento County community through June  
2 2025.

3 17. On March 26, 2025, Sacramento County received an informal notification from  
4 CDPH, informing that federal DHHS/CDC was ending CDPH funding effective March 24, 2025  
5 for the expanded Epidemiology Laboratory Capacity (ELC) and COVID-19 Immunization and  
6 Vaccines for Children grants—each of which SCPH is a subrecipient.

7 18. Prior to the grant award termination on March 24, 2025, neither CDC nor CDPH  
8 had ever provided SCPH with notice, written or otherwise, that the grant administered by SCPH  
9 was in any way unsatisfactory.

10 19. SCPH relied and acted upon its own and CDPH's expectation and understanding  
11 that HHS and CDC would fulfill its commitment to CDPH and SCPH to provide continued  
12 funding over SCPH's COVID-19 Immunization Program subrecipient grant.

13 20. Termination of the CDC-funded California Department of Public Health (CDPH)-  
14 held COVID-19 Immunization Program grant will result in SCPH losing approximately \$4.9  
15 million dollars. In Sacramento County, this grant termination will affect and harm direct vaccine  
16 administration and some SCPH Street Medicine Services. Fourteen limited term Registered Nurse  
17 positions will be terminated. This grant has been instrumental in Sacramento County's recovery  
18 phase following the COVID-19 pandemic—supporting testing and vaccine distribution to  
19 Sacramento County's most vulnerable citizens. Termination of this grant and SCPH's subrecipient  
20 status will undo much of the vaccination availability, distribution, and testing structure built in  
21 Sacramento County. Such a reduction would drastically decrease future local response efforts—  
22 specifically in the form of four (4) expenditure contracts in a total amount of \$1,198,051 with local  
23 public health entities to coordinate local pediatric and adult vaccination response.

24  
25 **CDPH Epidemiology and Lab Capacity (ELC) Enhancing Detection Expansion grant**

26 21. On February 1, 2021, Sacramento County was allocated \$59,781,149.00 by the  
27 California Department of Public Health ("CDPH") as a subrecipient of the State of California's  
28 Epidemiology and Lab Capacity (ELC) Enhancing Detection Expansion grant. CDPH's funding

1 source was federal CDC/DHHS funding. Sacramento County aimed to support testing, case  
2 investigation, contact tracing, surveillance, containment, and mitigation of COVID-19 and other  
3 emerging infectious diseases. SCPH's expanded Epidemiology and Lab Capacity subrecipient  
4 grant was for a two and a half-year term from January 15, 2021 through July 31, 2023, and was  
5 later extended for an additional three years through July 31, 2026. True and correct copies of the  
6 ELC expansion grant award and extensions are attached as Exhibits Q-T.

7 22. On March 26, 2025, Sacramento County received an informal notification from  
8 CDPH, informing that federal DHHS/CDC was ending CDPH funding effective March 24, 2025  
9 for the expanded Epidemiology Laboratory Capacity (ELC) and COVID-19 Immunization and  
10 Vaccines for Children grants—each of which SCPH is a subrecipient.

11 23. Prior to the grant award termination on March 24, 2025, neither CDC nor CDPH  
12 had ever provided SCPH with notice, written or otherwise, that the grant administered by SCPH  
13 was in any way unsatisfactory.

14 24. SCPH relied and acted upon its own and CDPH's expectation and understanding  
15 that HHS and CDC would fulfill its commitment to CDPH and SCPH to provide continued  
16 funding over SCPH's expanded Epidemiology and Lab Capacity subrecipient grant.

17 25. Termination of the CDC-funded California Department of Public Health (CDPH)-  
18 held expanded Epidemiology and Lab Capacity grant will result in SCPH losing roughly \$18  
19 million dollars. In Sacramento County, this grant termination will affect and harm the Social  
20 Health Information Exchange (SHIE), funding County Laboratory supplies and equipment, the  
21 County's ongoing ability to fund SCPH's Electronic Health Record system (OCHIN), and  
22 Qualtrics (an automated notification, communication surveillance, and response support system).  
23 The loss of Qualtrics alone will critically disrupt SCPH's workflows around communicable  
24 disease control. SCPH will have a hindered ability to investigate outbreaks of sexually transmitted  
25 diseases (STDs), foodborne diseases, COVID-19, Mpox, and any other yet to be identified  
26 communicable diseases; loss of Qualtrics will also reduce SCPH's capacity to rapidly scale up in  
27 response to future outbreaks. Additionally, 4.5 permanent County positions, including a Public  
28 Health Nurse, a Medical Case Management Nurse, and emergency management employees, are

being charged to these grants. Termination of this grant and SCPH's subrecipient status will frustrate SCPH's ability to provide critical services for Sacramento County residents and undermine the County's ability to rebuild the local Public Health infrastructure following the COVID-19 pandemic.

26. As a further result of this termination, SCPH will be unable to maintain the current capacity and established workflows to conduct mandated health department activities in compliance with the expansion of California's required Basic Services (See 17 Cal. Code. Regs. § 1276), including the collection, tabulation and analysis of public health statistics and communicable disease control. This would have a direct and immediate impact on SCPH staff and Sacramento County community clientele, and would impair SCPH's capacity to rapidly respond to emergency situations.

27. The total value of the County of Sacramento's terminated awards is approximately \$26.5 million dollars, over \$3 million dollars of which flows through to local Sacramento County community-based public health entities. Fourteen limited term Registered Nurse positions will be terminated and 4.5 permanent County positions are at-risk—which will result in local clinic terminations. CDC's net funding termination will harm SCPH's capacity to provide critical services for Sacramento County residents and ability to respond to future communicable disease outbreaks—including STDs, foodborne diseases, COVID-19, Mpox, and any other yet to be identified communicable diseases.

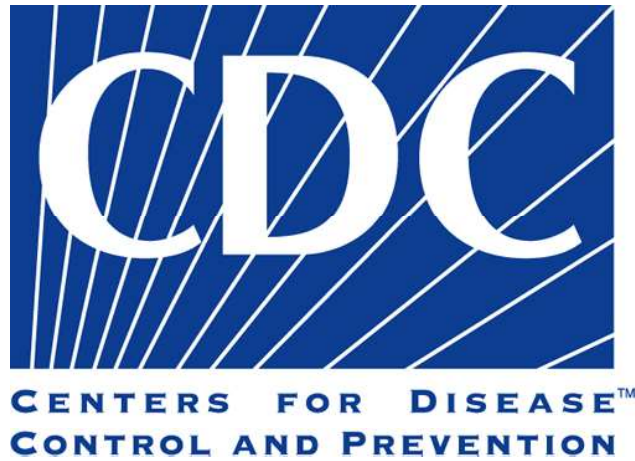
I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on March 29, 2025, at Sacramento, California.

Olivia Kasirye

Dr. Olivia Kasirye, M.D., M.S.

# **EXHIBIT A**



**Centers for Disease Control and Prevention**

Office for State, Tribal, Local and Territorial Support

National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk  
and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities

CDC-RFA-OT21-2103

05/03/2021

## Table of Contents

A. Funding Opportunity Description .....	3
B. Award Information .....	18
C. Eligibility Information .....	20
D. Application and Submission Information .....	21
E. Review and Selection Process .....	33
F. Award Administration Information .....	35
G. Agency Contacts .....	42
H. Other Information .....	43
I. Glossary .....	44

### Part I. Overview

Applicants must go to the synopsis page of this announcement at [www.grants.gov](http://www.grants.gov) and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-OT21-2103. Applicants also must provide an e-mail address to [www.grants.gov](http://www.grants.gov) to receive notifications of changes.

#### A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

#### B. Notice of Funding Opportunity (NOFO) Title:

National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities

#### C. Announcement Type: New - Type 1:

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at <https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf>. Guidance on how CDC interprets the definition of research in the context of public health can be found at <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html> (See section 45 CFR 46.102(d)).

#### D. Agency Notice of Funding Opportunity Number:

#### E. Assistance Listings Number:

93.391

#### F. Dates:

##### 1. Due Date for Letter of Intent (LOI):

03/26/2021

## **2. Due Date for Applications:**

05/03/2021

11:59 p.m. U.S. Eastern Standard Time, at [www.grants.gov](http://www.grants.gov).

## **3. Due Date for Informational Conference Call:**

CDC will host *two* informational conference calls for potential applicants:

**Date:** 03/30/2021

**Times:** 3:00pm to 4:00pm Eastern Standard Time

*and*

6:00pm to 7:00pm Eastern Standard Time

## **Meeting Details:**

Join ZoomGov Meeting

<https://cdc.zoomgov.com/j/16040976381?pwd=NmNjdFcrQlFVSjVPZ25nR0dHay9zdz09>

Meeting ID: 160 4097 6381

Passcode: OT21-2103

One tap mobile

+16692545252,,16040976381#,,,,,0#,,708148093# US (San Jose)

+16468287666,,16040976381#,,,,,0#,,708148093# US (New York)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

+1 669 216 1590 US (San Jose)

+1 551 285 1373 US

Meeting ID: 160 4097 6381

Passcode: 708148093

Find your local number: <https://cdc.zoomgov.com/u/advmpjIAqk>

Join by SIP

[16040976381@sip.zoomgov.com](mailto:16040976381@sip.zoomgov.com)

Join by H.323

161.199.138.10 (US West)

161.199.136.10 (US East)

Meeting ID: 160 4097 6381

Passcode: 708148093

## **G. Executive Summary:**

### **1. Summary Paragraph**

The [\*Consolidated Appropriations Act, 2021\* \(P.L. 116-260\)](#), which contained the [\*Coronavirus Response and Relief Supplemental Appropriations Act, 2021\* \(P.L. 116-260, Section 2, Division M\)](#) provided, in part, funding for strategies to improve testing capabilities and other COVID-19 response activities in populations that are at high-risk and underserved, including racial and



ethnic minority groups and people living in rural communities. Strategies also include those to develop or identify best practices for states and public health officials to use for contact tracing.

To achieve these purposes, the Centers for Disease Control and Prevention (CDC) is announcing a non-competitive grant [REDACTED] titled “National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities.” This grant will provide funding to address COVID-19 and advance health equity (e.g., through strategies, interventions, and services that consider systemic barriers and potentially discriminatory practices that have put certain groups at higher risk for diseases like COVID-19) in racial and ethnic minority groups and rural populations within state, local, US territorial, and freely associated state health jurisdictions.

**a. Eligible Applicants:**

Open Competition

**b. Funding Instrument Type:**

G (Grant)

**c. Approximate Number of Awards**

108

**d. Total Period of Performance Funding:**

\$ 2,250,000,000

All funding will be disbursed during year one with a total performance period of two years.

**e. Average One Year Award Amount:**

\$ 0

Funding will vary by jurisdiction category. Average one-year award amount by applicant type:

- State Health Department: \$32,000,000
- Local Health Departments Serving a County or City with a Population of  $\geq 2$  Million: \$26,000,000
- Local Health Departments Serving a City with a Population of 400,000 or more, but less than 2 Million: \$5,000,000
- US Territories and Freely Associated States: \$3,000,000

**f. Total Period of Performance Length:**

2

**g. Estimated Award Date:**

June 01, 2021

**h. Cost Sharing and / or Matching Requirements:**

No

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

**Part II. Full Text**

**A. Funding Opportunity Description**

## 1. Background

### a. Overview

Coronavirus disease 2019 (COVID-19) has disproportionately affected populations placed at higher risk and who are medically underserved, including racial and ethnic minority groups, and people living in rural communities who are at higher risk of exposure, infection, hospitalization, and mortality. Additionally, racial and ethnic minority groups and people living in rural communities have disproportionate rates of chronic diseases that increase the severity of COVID-19 infection and might experience barriers to accessing testing, treatment, or vaccination against the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which causes COVID-19.

To reduce the burden of COVID-19 among populations disproportionately affected, it is imperative that state, local, US territorial, and freely associated state health departments (or their bona fide agents) work collaboratively and develop partnerships with key partners who have existing community or social service delivery programs for African American, Hispanic, Asian American, Pacific Islander, Native American or other racial and ethnic minority groups or people living in rural communities. Such key partners may include:

- Community-based and civic organizations;
- Tribes, tribal organizations;
- Academic institutions, and universities (e.g., minority serving institutions – Historically Black Colleges and Universities (HBCUs), Hispanic Association of Colleges and Universities (HACUs), American Indian Higher Education Consortium (AIHEC), Tribal Colleges and Universities (TCUs);
- Asian American and Pacific Islander Serving Institutions (AAPI);
- Faith-based organizations;
- Non-governmental organizations;
- Correctional facilities and institutions;
- Local governmental agencies and community leaders;
- Local businesses and business community networks and organizations, (e.g., employers, local chambers of commerce, small business community groups);
- Social services providers and organizations, including those that address social determinants of health (e.g., [community transportation](#); anti-discrimination organizations; legal services);
- Health care providers, including community health centers (e.g., federally qualified health centers, (FQHCs);
- Health-related organizations, (e.g., pharmacies, testing centers, community health workers);
- State Offices of Rural Health (SORH) or equivalent, State Rural Health Associations (SRHAs);
- Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs); and
- Governmental organizations focused on non-health services (e.g., [Coordinating Council on Access and Mobility – Department of Transportation](#), [Supportive housing for the elderly – Housing and Urban Development](#)).

To reach populations at higher risk, underserved, and disproportionately affected, including racial and ethnic minority groups and people living in rural communities, it is critical for funded recipients and key partners to implement a coordinated and holistic approach that builds on culturally, linguistically, and locally tailored strategies and best practices to reduce COVID-19 risk. In addition, a coordinated and holistic approach is essential to building and sustaining trust, ensuring equitable access to COVID-19 related services, and advancing health equity to address COVID-19 related health disparities among populations at higher risk, underserved, and disproportionately affected.<sup>1</sup>

#### **b. Statutory Authorities**

Section 317(k)(2) of the Public Health Service Act [42 USC 247b(k)(2), as amended] and the Consolidated Appropriations Act, 2021 (P.L. 116-260), which contained the Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (P.L. 116-260, Section 2, Division M, Title III).

#### **c. Healthy People 2030**

This emergency funding opportunity focuses on emergency preparedness and response foundational capability and addresses the "*Healthy People 2030*" focus areas of [Preparedness](#), [Vaccination](#), [Health Communication](#), [Respiratory Disease](#), [Infectious Disease](#), [Public Health Infrastructure](#), and [Social Determinants of Health](#).

For specific objectives within these topic areas, please visit [www.healthypeople.gov](http://www.healthypeople.gov).

#### **d. Other National Public Health Priorities and Strategies**

- [Executive Order on Ensuring an Equitable Pandemic Response and Recovery \(EO13995\)](#)
- [Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government \(EO13985\)](#)
- [National Strategy for the COVID-19 Response and Pandemic Preparedness](#) (see Goal 6)
- [CDC COVID-19 Response Health Equity Strategy: Accelerating Progress Towards Reducing COVID-19 Disparities and Achieving Health Equity](#)
- [Centers for Disease Control and Prevention Coronavirus 2019 \(COVID-19\) Recommendations and Guidance for state, local, territorial and tribal health departments](#)

#### **e. Relevant Work**

This NOFO is complementary and non-duplicative of the following CDC program activities, public health priorities, and strategies:

- [REDACTED]: 2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)
- ELC Enhancing Detection Emerging Issues (E) Project: Funding for the Enhanced Detection, Response, Surveillance, and Prevention of COVID-19 - Supplement
- [REDACTED]: Strengthening Public Health Systems and Services Through National Partnerships to Improvement and Protect the Nation's Health

## **2. CDC Project Description**

### **a. Approach**

**Bold** indicates period of performance outcome.

Due to the nature of this grant and public health crisis, there is not a predetermined logic model. It is expected that funds from this grant will be used to strengthen public health infrastructure, preparedness and response capabilities and services in [state, local, US territorial and freely associated state health](#) departments (or their bona fide agents) to address COVID-19 related health disparities and advance health equity in underserved and disproportionately affected populations through testing, contact tracing and other mitigation strategies. All applicants must define the populations disproportionately affected by COVID-19 within their respective jurisdiction, describe how they will reach these populations, and describe their experience working with communities that are underserved and at higher risk for COVID-19 disparities and health inequities.

Recipients will be required to include a financial carve out for rural communities, as applicable. As such, applicants who serve rural communities must define these communities and describe how they will provide direct support (e.g., funding, programs, or services) to those communities in their applications. State government applicants must also engage their State Office of Rural Health (SORH) or equivalent, in planning and implementing their activities and describe in their application how their SORHs or equivalent will be involved. To that end, CDC recommends state government applicants engage their respective SORH or equivalent, early in the application process. Contact information for SORHs can be found at: <https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/>.

In addition, applicants are strongly encouraged to develop partnerships and collaborate with key partners who have existing community or social service delivery programs for African American, Hispanic, Asian American, Pacific Islander, Native American or other racial and ethnic minority groups or people living in rural communities. Such key partners may include:

- Community-based and civic organizations;
- Tribes, tribal organizations;
- Academic institutions, and universities (e.g., minority serving institutions – Historically Black Colleges and Universities (HBCUs), Hispanic Association of Colleges and Universities (HACUs), American Indian Higher Education Consortium (AIHEC), Tribal Colleges and Universities (TCUs);
- Asian American and Pacific Islander Serving Institutions (AAPI);
- Faith-based organizations;
- Non-governmental organizations;
- Correctional facilities and institutions;
- Local governmental agencies and community leaders;
- Local businesses and business community networks and organizations, (e.g., employers, local chambers of commerce, small business community groups);
- Social services providers and organizations, including those that address social determinants of health (e.g., [community transportation](#); anti-discrimination organizations; legal services);
- Health care providers, including community health centers (e.g., federally qualified health centers, (FQHCs);

- Health-related organizations, (e.g., pharmacies, testing centers, community health workers);
- State Offices of Rural Health (SORH) or equivalent, State Rural Health Associations (SRHAs);
- Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs); and
- Governmental organizations focused on non-health services (e.g., [Coordinating Council on Access and Mobility – Department of Transportation](#), [Supportive housing for the elderly – Housing and Urban Development](#)).

Through this collaborative approach, applicants will be better able to maximize the impact of their federal COVID-19 funding, strengthen implementation of strategies and activities, and align resources to better match the burden of COVID-19 among populations who are at higher risk and are underserved. This collaboration must be described in the application.

Applicants are encouraged to establish new funding relationships with partners and community organizations and may also continue funding relationships with partners and community organizations that have experience working with communities most affected by COVID-19 and have the capacity to implement strategies and activities outlined in this NOFO. To ensure resources reach the areas of greatest need, all applicants are strongly encouraged to use local epidemiologic, surveillance, and other available data sources to inform local resource allocation and program efforts, including program planning, implementation, and evaluation.

#### **i. Purpose**

Address COVID-19-related health disparities and advance health equity by expanding state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

#### **ii. Outcomes**

The intended outcomes for this grant are:

1. Reduced COVID-19-related health disparities.
2. Improved and increased testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.
3. Improved state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

#### **iii. Strategies and Activities**

This grant program will address COVID-19-related health disparities and advance health equity by expanding state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities. All strategies should aim to build infrastructures that both address disparities in the current COVID-19 pandemic and set the foundation to address future responses.

The program is composed of *four* overarching strategies:

***1. Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved:*** Ensuring equitable access to critical COVID-19 personal protective equipment (PPE), testing, contact tracing, quarantine and isolation, vaccination, and other wrap-around services require deploying focused strategies, resources, and activities to meet the needs of individuals and mitigate the spread of COVID-19 among populations disproportionately impacted.

Priority activities for *Strategy 1* should include:

- Expand testing (including home test kits and mobile testing sites) and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority populations and people living in rural communities;

Additional activities may include but are not limited to:

- Vaccine coordination, quarantine and isolation options, and preventive care and disease management among populations that are underserved and at higher risk for COVID-19
- Tailor and adapt evidence-based policies, systems, and environmental strategies to mitigate social and health inequities related to COVID-19
- Identify and establish collaborations with critical partners affiliated with populations at higher risk and that are underserved, including racial and ethnic minority groups at higher risk for COVID-19 to: 1) connect community members to programs, healthcare providers, services and resources (e.g., transportation, housing support, food assistance programs, mental health and substance abuse services, substance abuse) they might need and 2) lessen adverse effects of mitigation strategies

***2. Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic:*** Improving data systems and the collection, analysis, and use of racial, ethnic, and rural health data for COVID-19 prevention and control will help to better identify populations and communities disproportionately affected, track resource distribution, and evaluate the effectiveness of advancing health equity to address COVID-19-related health disparities among disproportionately affected populations. Collection of data that contextualize racial, ethnic, and rural health data and robust analysis of these data are fundamental activities for improving data collection and reporting.

Priority activities for *Strategy 2* should include:

- Improve data collection and reporting for testing and contact tracing for populations at higher risk and that are underserved;

Additional activities may include but are not limited to:

- Build on plans for collecting and reporting timely, complete, representative, and relevant data on testing, incidence, vaccination, and severe outcomes by detailed race and ethnicity categories, taking into account age and sex differences between groups



- Develop strategies to educate providers, community partners, and programs on: 1) the importance of the race and ethnicity data and appropriate strategies to collect it; 2) how to address mistrust/hesitancy about reporting personal information including race and ethnicity, and 3) why this information is important to prevent and control the spread of COVID-19
- Develop and implement plans to disseminate health equity-related data and related materials tailored to be culturally and linguistically responsive for diverse audiences
- Develop key principles and resources for collecting, analyzing, reporting, and disseminating health equity-related data to inform action during a public health emergency
- Assure adequate resources for data infrastructure and workforce to ensure alignment with data modernization

**3. Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved:** Sufficient workforce, infrastructure, and capacity are critical to providing equitable access to disproportionately affected populations. Where feasible, this short-term program will build, leverage, and expand the infrastructure and capacity within state, local, US territorial and freely associated state health departments (or their bona fide agents) to ensure and expand equitable access to critical COVID-19 testing and contact tracing, as well as PPE, quarantine and isolation, vaccination, and other wrap-around and supportive services.

Priority activities for *Strategy 3* should include:

- Expand the infrastructure to improve testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority populations and rural communities;

Additional activities may include but are not limited to:

- Establish, enhance, or implement leadership-level health equity offices, workgroups, task forces, or positions to guide addressing COVID-19 among communities at higher risk and that are underserved
- Convene and facilitate multi-sector coalitions or advisory groups that include members of underserved communities and organizations that serve the community. These groups may provide advice, guidance, and recommendations for addressing COVID-19 and advancing health equity among their communities
- Update jurisdictions' COVID-19 plans and health equity plans to support communities most at risk for COVID-19 with the intention of setting up systems that put in place infrastructures and plans that can also support future emergency responses
- Build and expand an inclusive public health workforce, including hiring people from the community (e.g., community health workers, social workers, other trusted community members) who are equipped to assess and address the needs of communities disproportionately affected by COVID-19

**4. Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved:** Identifying and addressing current gaps and factors that influence COVID-19-related health disparities requires a collaborative approach. Under this

strategy, collaborations between the primary applicant and key partners will broadly address health disparities and inequities related to COVID-19. (Please refer to Approach section of NOFO for a list of recommended key partners.)

Priority activities for Strategy 4 should include:

- Build community capacity to reach disproportionately affected populations with effective culturally and linguistically tailored programs and practices for testing and contact tracing, and quarantine, including racial and ethnic minority populations and rural communities;

Additional activities may include but are not limited to:

- Build and implement cross-sectoral partnerships to align public health, healthcare, and non-health (e.g., housing, transportation, social service) interventions that decrease risk for COVID-19
- Develop mechanisms such as community advisory groups that include leaders representing racial and ethnic minority groups and rural community leaders and members representing underserved populations to inform COVID-19 and future emergency response activities
- Develop and disseminate culturally and linguistically responsive COVID-19 prevention communications through various channels (e.g., local media, local or community newspapers, radio, TV, trusted communications agents) written in plain language and in formats and languages suitable for diverse audiences—including people with disabilities, limited English proficiency, etc.—addressing and, as necessary, dispelling of misinformation and barriers to mitigation practices due to mistrust.
- Build community capacity that includes traditional organizations (e.g., public health, healthcare) and non-traditional partners (e.g., community health workers, churches, transportation providers, social workers) to reach disproportionately affected populations with effective culturally and linguistically tailored programs and practices for testing, contact tracing, isolating, vaccination, and healthcare strategies
- Identify and establish collaborations with critical partners affiliated with and who provide services to populations that are underserved and at higher risk for COVID-19 to disseminate scientifically accurate, culturally, and linguistically responsive information and facilitate access to health-related services

Applicants are not required to implement all four strategies, but rather they should select the strategies and activities that best address their jurisdiction's respective priorities and needs. Strategies should engage representatives of populations and communities to be served by this NOFO. CDC will also allow applicants to propose additional strategies and activities beyond those included in the NOFO to best achieve local outcomes. Any proposed new strategy or activity should include the rationale for the approach or a brief justification with evidence showing why it should be included. Applicants should not propose to allocate all funding to one activity (e.g. all funding will be used for one vaccination or testing event only).

## **1. Collaborations**

### **a. With other CDC programs and CDC-funded organizations:**



Recipients are encouraged to collaborate, as appropriate, with CDC programs and centers, institutes, and offices (CIOs) to ensure that activities and funding are coordinated with, complementary of, and not duplicative of efforts supported under other CDC programs that support COVID-19 response.

To facilitate the identification and sharing of best practices, program evaluation, training, tool development, and communications of findings, recipients may receive tailored technical assistance from select national or regional partner organizations funded through CDC-RFA-OT18-1802: *Strengthening Public Health Systems and Services through National Partnerships to Improvement and Protect the Nation's Health*.

For questions about collaborating with CDC, please contact the CDC point of contact for this NOFO.

**b. With organizations not funded by CDC:**

It is a requirement of this opportunity to include a financial carve out for rural communities, as applicable. As such, applicants who serve rural communities must define these communities and describe how they will provide direct support (e.g., funding, programs and/or services) to those communities. State government applicants must also engage their State Office of Rural Health (SORH) or equivalent, in planning and implementing their activities and describe in their application how their SORHs or equivalent will be involved. To that end, CDC recommends state government applicants engage their respective SORH or equivalent, early in the application process. Contact information for SORHs can be found at: <https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/>.

In addition, applicants are strongly encouraged to develop partnerships and collaborate with key partners who have existing community or social service delivery programs for African American, Hispanic, Asian American, Pacific Islander, Native American or other racial and ethnic minority groups or people living in rural communities. Such key partners may include:

- Community-based and civic organizations;
- Tribes, tribal organizations;
- Academic institutions, and universities (e.g., minority serving institutions – Historically Black Colleges and Universities (HBCUs), Hispanic Association of Colleges and Universities (HACUs), American Indian Higher Education Consortium (AIHEC), Tribal Colleges and Universities (TCUs);
- Asian American and Pacific Islander Serving Institutions (AAPI);
- Faith-based organizations;
- Non-governmental organizations;
- Correctional facilities and institutions;
- Local governmental agencies and community leaders;
- Local businesses and business community networks and organizations, (e.g., employers, local chambers of commerce, small business community groups);
- Social services providers and organizations, including those that address social determinants of health (e.g., [community transportation](#); anti-discrimination organizations; legal services);

- Health care providers, including community health centers (e.g., federally qualified health centers, (FQHCs);
- Health-related organizations, (e.g., pharmacies, testing centers, community health workers);
- State Offices of Rural Health (SORH) or equivalent, State Rural Health Associations (SRHAs);
- Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs); and
- Governmental organizations focused on non-health services (e.g., [Coordinating Council on Access and Mobility – Department of Transportation](#), [Supportive housing for the elderly – Housing and Urban Development](#)).

Through this collaborative approach, applicants will be better able to maximize the impact of their federal COVID-19 funding, strengthen implementation of strategies and activities, and align resources to better match the burden of COVID-19 among populations who are at higher risk and are underserved. This collaboration must be described in the application.

Applicants are encouraged to establish new funding relationships with partners and community organizations and may also continue funding relationships with partners and community organizations that have experience working with communities most affected by COVID-19 and have the capacity to implement strategies and activities outlined in this NOFO. To ensure resources reach the areas of greatest need, all applicants are strongly encouraged to use local epidemiologic, surveillance, and other available data sources to inform local resource allocation and program efforts, including program planning, implementation, and evaluation.

Memoranda of understanding (MOUs) or memoranda of agreement (MOAs) are encouraged, but not required.

## **2. Target Populations**

This NOFO relates specifically to populations that have been placed at higher risk and are underserved, which, depending on the needs and priorities of the applicant, may include African American, Latino, and Indigenous and Native American people, Asian Americans and Pacific Islanders, and other people of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people; people with disabilities; people who live in rural communities; people over the age of 65, and people otherwise adversely affected by persistent poverty or inequality.

Recipients are required to define and describe their respective population(s) of focus and describe how they will provide direct support (e.g., funding, services, or programs) to those communities within their application. Please include in the description the number of those you will serve broken out by applicable geographic area and/or community.

Recipients are also encouraged to include members of the populations and communities to be served in the planning, implementation, and evaluation of program activities.

### **a. Health Disparities**

Evidence shows that COVID-19-related health disparities are inextricably linked to complex and widespread health and social inequities that have put many people from populations that are underserved—including racial and ethnic minority groups and people living in rural communities—at higher risk of exposure, infection, hospitalization, and mortality from COVID-19.<sup>2, 3, 4</sup> Health equity requires striving for the highest possible standard of health for all people, giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

The intent of this funding opportunity is to address COVID-19-related health disparities and advance health equity by expanding state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

To reduce the burden of COVID-19 among disproportionately affected populations applicants are strongly encouraged to develop partnerships and collaborate with key partners who have existing community or social service delivery programs for African American, Hispanic, Asian American, Pacific Islander, Native American or other racial and ethnic minority groups or people living in rural communities. Such key partners may include:

- Community-based and civic organizations;
- Tribes, tribal organizations;
- Academic institutions, and universities (e.g., minority serving institutions – Historically Black Colleges and Universities (HBCUs), Hispanic Association of Colleges and Universities (HACUs), American Indian Higher Education Consortium (AIHEC), Tribal Colleges and Universities (TCUs);
- Asian American and Pacific Islander Serving Institutions (AAPI);
- Faith-based organizations;
- Non-governmental organizations;
- Correctional facilities and institutions;
- Local governmental agencies and community leaders;
- Local businesses and business community networks and organizations, (e.g., employers, local chambers of commerce, small business community groups);
- Social services providers and organizations, including those that address social determinants of health (e.g., [community transportation](#); anti-discrimination organizations; legal services);
- Health care providers, including community health centers (e.g., federally qualified health centers, (FQHCs);
- Health-related organizations, (e.g., pharmacies, testing centers, community health workers);
- State Offices of Rural Health (SORH) or equivalent, State Rural Health Associations (SRHAs);
- Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs); and

- Governmental organizations focused on non-health services (e.g., [Coordinating Council on Access and Mobility – Department of Transportation](#), [Supportive housing for the elderly – Housing and Urban Development](#)).

To reach populations at higher risk, underserved, and disproportionately affected—including racial and ethnic minority groups, and people living in rural communities—it is critical for funded recipients and key partners to implement a coordinated and holistic approach that builds on culturally, linguistically, and locally tailored strategies and best practices to reduce COVID-19 risk. In addition, a coordinated and holistic approach is essential to build and sustain trust, ensure equitable access to COVID-19-related services, and advance health equity to address COVID-19-related health disparities among populations at higher risk, underserved, and disproportionately affected.

#### **iv. Funding Strategy**

The funding strategy will consist of three components aimed at decreasing health disparities. The components are defined by type of jurisdiction. The amount of funds available for each component are based on the overall population size for each type of jurisdiction. Funds will be awarded for each component using a separate formula that is: a) consistent with the intent of the legislation and purposes of the grant, and b) appropriate for the eligible recipients. The three jurisdiction-specific components include:

1. State, City and County Jurisdictions: Approximately 80% of total available funding will be awarded to all states and eligible cities and counties based on COVID-19 social and structural determinants, as defined by the COVID-19 Community Vulnerability Index (CCVI).
2. Rural Jurisdictions: Approximately 19% of total available funding will be awarded to states with rural populations, as defined by the Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy (FORHP) definition of rural. All state recipients will receive a portion of the rural funding available. Each recipient's share will be based on the size of the rural population within the recipient's jurisdiction. These funds will be distributed to state recipients in combination with the first Component (i.e., the CCVI allotment, in a single award.)
3. US Territorial and Freely Associated State Jurisdictions: Approximately 1% of total available funds will be awarded to US territories and freely associated states. Each US territorial and freely associated state recipient will receive base funding (\$500,000), plus a population-based allotment that has been adjusted for COVID-19 burden. The COVID-19 burden adjustment will be based on the cumulative number of cases and deaths (per 100,000) for each US territory and freely associated state.

Please see Attachment A: [REDACTED] List of Eligible Applicants for a complete list of eligible applicants.

#### **b. Evaluation and Performance Measurement**

##### **i. CDC Evaluation and Performance Measurement Strategy**

Performance measures will be finalized and provided to recipients within approximately 45 days of award.

CDC will use recipients' financial and progress reporting data to address evaluation questions relating to use of funds and results associated with the grant. CDC will collect this information quarterly through the end of the period of performance utilizing standardize templates. Quarterly expenditure and progress reports will be submitted via the Research Electronic Data Capture, or otherwise known as REDCap. CDC will provide training and technical assistance for recipients on REDCap post-award.

Given the flexible nature of this grant and diversity of allowable activities, a Data Management Plan (DMP) is not required **unless** a recipient chooses to allocate funding to a COVID-19 activity that involves the collection, generation, or analysis of data. The DMP may be submitted as a checklist, paragraph, or other format. To help guide applicants in developing a DMP, a sample plan is provided via the following link:

<http://www.icpsr.umich.edu/icpsrweb/content/datamanagement/dmp/plan.html>

As a result of the declared public health emergency (PHE), COVID-19, CDC's COVID-19 related data collections currently fall under a PHE Paperwork Reduction Act (PRA) Waiver as part of the 21<sup>st</sup> Century Cures Act. PRA requirements for most information collection activities that support the investigation of, and response to the COVID-19 pandemic, that would normally require submission of a PRA package, can be waived. If information collection activities continue beyond the period of the declared public health emergency or beyond the termination PHE PRA Waiver, all collections will become subject to requirements of the PRA. Awardees will receive additional guidance from CDC on how to address these PRA requirements.

## **ii. Applicant Evaluation and Performance Measurement Plan**

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How the applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see <https://www.cdc.gov/grants/additionalrequirements/ar-25.html>.

Where the applicant chooses to, or is expected to, take on specific evaluation studies, the applicant should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

Due to the nature of this grant and public health crisis, applicants are not required to provide an Evaluation and Performance Measurement plan with their application. Recipients are strongly encouraged to use evaluation and performance measurement data at the local level to monitor, evaluate, and continuously improve program performance. CDC will finalize and provide performance measures within approximately 45 days of award. Recipients will be required to report quarterly on CDC defined performance measures and participate in CDC evaluation and performance management activities. Evaluation reports will be made available to the public.

#### **c. Organizational Capacity of Recipients to Implement the Approach**

Applicants must demonstrate the organizational capacity needed to carry out and coordinate strategies to advance health equity and address COVID-19-related health disparities for populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

Applicants must also demonstrate the capacity to collaborate with their State Offices of Rural Health (SORH) or equivalent, if applicable, and with key partners with community or social service delivery programs for African American, Hispanic, Asian American, Pacific Islander, Native American or other racial and ethnic minority groups or people living in rural communities. Please refer to Approach section of NOFO for a list of recommended key partners.

Acceptable documentation includes, but is not limited to, a signed letter by the health department leader or their designees on organization letterhead explaining the existing capacity and capability; departmental organizational charts; an incident management structure organizational chart; and resumes or CVs for key personnel positions that are currently filled (include position descriptions for vacant positions). Applicant must name this file “Organizational Capacity” and upload it as a PDF to [www.grants.gov](http://www.grants.gov).

#### **d. Work Plan**

Applicants must develop and submit a high-level work plan for the 2-year period of performance. The work plan must align with the strategies and activities outlined in the NOFO. Specifically, activities must align to one or more of the following strategies:

- *Strategy 1: Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved*



- *Strategy 2: Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic*
- *Strategy 3: Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved*
- *Strategy 4: Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved*

Applicants are not required to implement all four strategies, but rather they should select the strategies and activities that best address their jurisdiction's respective priorities and needs. Strategies should engage representatives of populations and communities to be served by this NOFO. CDC will also allow applicants to propose additional strategies and activities beyond those included in the NOFO to best achieve local outcomes. Any proposed new strategy or activity should include the rationale for the approach or a brief justification with evidence showing why it should be included. Applicants should not propose to allocate all funding to one activity (e.g. all funding will be used for one vaccination or testing event only).

Applicants must use the template provided as Attachment B: CDC-RFA-OT21-2103 Work Plan Template. Applicant must name this file "[Name of Jurisdiction] Work Plan" and upload it as an attachment to [www.grants.gov](http://www.grants.gov).

#### **e. CDC Monitoring and Accountability Approach**

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

CDC will collect recipient financial and progress reporting data quarterly through the end of the period of performance.

CDC will also conduct a virtual compliance visit after six months, but before the end of the first year, from date of the award. The virtual compliance visit will be a telephone call and/or video conference to ensure the recipient's compliance with using the funding for the approved activities and to identify technical assistance needs. CDC may conduct additional in-person site or virtual visits as needed to best facilitate grants management and oversight duties.

## **B. Award Information**

### **1. Funding Instrument Type:**

G (Grant)

### **2. Award Mechanism:**

[REDACTED]

### **3. Fiscal Year:**

2021

### **4. Approximate Total Fiscal Year Funding:**

\$ 2,250,000,000

### **5. Total Period of Performance Funding:**

\$ 2,250,000,000

This amount is subject to the availability of funds.

All funding will be disbursed during year one with a total performance period of two years.

Estimated Total Funding:

\$ 2,250,000,000

### **6. Total Period of Performance Length:**

2

year(s)

### **7. Expected Number of Awards:**

108

### **8. Approximate Average Award:**

\$ 0

Per Project Period

Funding will vary by jurisdiction category. Average one-year award amount by applicant type:

- State Health Department: \$32,000,000
- Local Health Departments Serving a County or City with a Population of  $\geq 2$  Million: \$26,000,000



- Local Health Departments Serving a City with a Population of 400,000 or more, but less than 2 Million: \$5,000,000
- US Territories and Freely Associated States: \$3,000,000

**9. Award Ceiling:**

\$ 50,000,000

Per Project Period

This amount is subject to the availability of funds.

Funding will vary by jurisdiction category. Award Ceiling by applicant type:

- State Health Department: \$50,000,000
- Local Health Departments Serving a County or City with a Population of  $\geq 2$  Million: \$35,000,000
- Local Health Departments Serving a City with a Population of 400,000 or more, but less than 2 Million: \$9,000,000
- US Territories and Freely Associated States: \$10,000,000

**10. Award Floor:**

\$ 500,000

Per Project Period

Funding will vary by jurisdiction category. Award Floor by applicant type:

- State Health Department: \$17,000,000
- Local Health Departments Serving a County or City with a Population of  $\geq 2$  Million: \$17,000,000
- Local Health Departments Serving a City with a Population of 400,000 or more, but less than 2 Million: \$2,000,000
- US Territories and Freely Associated States: \$500,000

**11. Estimated Award Date:**

June 01, 2021

**12. Budget Period Length:**

24 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

**13. Direct Assistance**

Direct Assistance (DA) is not available through this NOFO.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

## **C. Eligibility Information**

### **1. Eligible Applicants**

Eligibility Category:

00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

25 (Others (see text field entitled "Additional Information on Eligibility" for clarification))

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)

Local governments or their bona fide agents

Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau

### **2. Additional Information on Eligibility**

Awards must be made to state, District of Columbia, local, US territorial, and/or freely associated state health departments (or their bona fide agents). Local (health departments) governments or their bona fide agents are eligible if they:

- Serve a county population of 2,000,000 or more; or serve a city population of 400,000 or more. Population for county and city jurisdictions are based on the following US Census 2019 resources:
  - [City and Town Population Totals: 2010-2019 \(census.gov\)](#) U.S. Census -- Annual Estimates of the Resident Population for Incorporated Places of 50,000 or More, Ranked by July 1, 2019 Population: April 1, 2010 to July 1, 2019
  - [County Population Totals: 2010-2019 \(census.gov\)](#)- US Census – Annual Estimates for 2019

Bona fide agents are eligible to apply. For more information about bona fide agents, please see the CDC webpage on Expediting the Federal Grant Process with an Administrative Partner located at <https://www.cdc.gov/publichealthgateway/grantsfunding/expediting.html#Q2>

### 3. Justification for Less than Maximum Competition

N/A

### 4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

No

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

### 5. Maintenance of Effort

Maintenance of effort is not required for this program.

## D. Application and Submission Information

### 1. Required Registrations

An organization must be registered at the three following locations before it can submit an application for funding at [www.grants.gov](http://www.grants.gov).

#### a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at [http:// fedgov.dnb. com/ webform/ displayHomePage.do](http://fedgov.dnb.com/webform/displayHomePage.do). The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

#### b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at <https://www.sam.gov/SAM/>.

#### c. [Grants.gov](http://www.grants.gov):

The first step in submitting an application online is registering your organization at [www.grants.gov](http://www.grants.gov), the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at [www.grants.gov](http://www.grants.gov).

All applicant organizations must register at [www.grants.gov](http://www.grants.gov). The one-time registration process usually takes not more than five days to complete. Applicants should start the registration

process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	<ol style="list-style-type: none"> <li>1. Click on <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a></li> <li>2. Select Begin DUNS search/request process</li> <li>3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit #</li> <li>4. Request appropriate staff member(s) to obtain DUNS number, verify &amp; update information under DUNS number</li> </ol>	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at ( <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a> ) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	<ol style="list-style-type: none"> <li>1. Retrieve organizations DUNS number</li> <li>2. Go to <a href="https://www.sam.gov/SAM/">https://www.sam.gov/SAM/</a> and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)</li> </ol>	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact <a href="https://fsd.gov/fsd-gov/home.do">https://fsd.gov/fsd-gov/home.do</a> Calls: 866-606-8220
3	Grants.gov	<ol style="list-style-type: none"> <li>1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR)</li> <li>2. Once the account is set up the E-BIZ POC will be notified via email</li> <li>3. Log into grants.gov using the password the E-BIZ POC received and create new password</li> <li>4. This authorizes the AOR to submit applications on behalf of the organization</li> </ol>	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

## 2. Request Application Package

Applicants may access the application package at [www.grants.gov](http://www.grants.gov).

### 3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at [www.grants.gov](http://www.grants.gov).

### 4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

#### a. Letter of Intent Deadline (must be emailed or postmarked by)

Due Date for Letter Of Intent 03/26/2021

03/26/2021

#### b. Application Deadline

05/03/2021

11:59 pm U.S. Eastern Standard Time, at [www.grants.gov](http://www.grants.gov). If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

#### Due Date for Information Conference Call

CDC will host *two* informational conference calls for potential applicants:

**Date:** 03/30/2021

**Times:** 3:00pm to 4:00pm Eastern Standard Time

*and*

6:00pm to 7:00pm Eastern Standard Time

#### Meeting Details:

Join ZoomGov Meeting

<https://cdc.zoomgov.com/j/16040976381?pwd=NmNjdFcrQlFVSjVPZ25nR0dHay9zdz09>

Meeting ID: 160 4097 6381

Passcode: OT21-2103

One tap mobile

+16692545252,,16040976381#,,,,,0#,,708148093# US (San Jose)

+16468287666,,16040976381#,,,,,0#,,708148093# US (New York)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

+1 669 216 1590 US (San Jose)

+1 551 285 1373 US

Meeting ID: 160 4097 6381



Passcode: 708148093

Find your local number: <https://cdc.zoomgov.com/join/16040976381>

Join by SIP

[16040976381@sip.zoomgov.com](mailto:16040976381@sip.zoomgov.com)

Join by H.323

161.199.138.10 (US West)

161.199.136.10 (US East)

Meeting ID: 160 4097 6381

Passcode: 708148093

## 5. CDC Assurances and Certifications

All applicants are required to sign and submit “Assurances and Certifications” documents indicated at [http://wwwn.cdc.gov/grantassurances/\(S\(mj444mxct51lnrv1hljjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjmaa))/Homepage.aspx).

Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file “Assurances and Certifications” and upload it as a PDF file with at [www.grants.gov](http://www.grants.gov)
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at [http://wwwn.cdc.gov/grantassurances/\(S\(mj444mxct51lnrv1hljjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjmaa))/Homepage.aspx)

Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC by the applicant within one year of the submission date.

## Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant’s CDC Risk Questionnaire, located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, as well as a review of the applicant’s history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (<https://www.fapiis.gov/>), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, along with

supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.

When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents \_ Procurement Policy.

### **Duplication of Efforts**

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.

Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

## **6. Content and Form of Application Submission**

Applicants are required to include all of the following documents with their application package at [www.grants.gov](http://www.grants.gov).

## **7. Letter of Intent**

Letters of Intent (LOI) are not required but are requested as part of the application for this NOFO. The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

Letters of Intent should be submitted via email to [OT21-2103Support@cdc.gov](mailto:OT21-2103Support@cdc.gov) no later than March 26, 2021.

## **8. Table of Contents**

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at [www.grants.gov](http://www.grants.gov).

## **9. Project Abstract Summary**

A project abstract is included on the mandatory documents list and must be submitted at [www.grants.gov](http://www.grants.gov). The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at [www.grants.gov](http://www.grants.gov).

## **10. Project Narrative**

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at [www.grants.gov](http://www.grants.gov). The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

### **a. Background**

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

### **b. Approach**

#### **i. Purpose**

Applicants must describe in 2-3 sentences specifically how their application will address the public health problem as described in the CDC Background section.

#### **ii. Outcomes**



Applicants must clearly identify the outcomes they expect to achieve by the end of the project period, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

### **iii. Strategies and Activities**

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan how these strategies will be evaluated over the course of the project period. See the Strategies and Activities section of the CDC Project Description.

### **1. Collaborations**

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

### **2. Target Populations and Health Disparities**

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

### **c. Applicant Evaluation and Performance Measurement Plan**

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see <http://www.hhs.gov/ocio/policy/collection/>.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

#### **d. Organizational Capacity of Applicants to Implement the Approach**

Applicants must address the organizational capacity requirements as described in the CDC Project Description.

### **11. Work Plan**

(Included in the Project Narrative's page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

### **12. Budget Narrative**

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: <http://www.phaboard.org>). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

Applicants must name this file "Budget Narrative" and upload it as a PDF file at [www.grants.gov](http://www.grants.gov). If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at [www.grants.gov](http://www.grants.gov).

### **13. Funds Tracking**

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub

accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

#### **14. Pilot Program for Enhancement of Employee Whistleblower Protections**

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations (CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

#### **15. Copyright Interests Provisions**

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS

identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

## 16. Funding Restrictions

Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

Coronavirus Disease 2019 (COVID-19) Funds:

- A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); and/or H.R. 133 - Consolidated Appropriations Act, 2021, Division M – Coronavirus Response and Relief Supplemental Appropriations Act, 2021, agrees, as applicable to the award, to:  
1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual’s home jurisdiction and/or appropriate public health

measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

- In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting [guidance](https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf) is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.
- Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected and evaluations conducted with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.
- To achieve the public health objectives of ensuring the health, safety, and welfare of all Americans, Recipient must distribute or administer vaccine without discriminating on non-public-health grounds within a prioritized group.

## 18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:

<https://www.cdc.gov/grants/additionalrequirements/ar-25.html>

## 18. Other Submission Requirements

### a. Electronic Submission:

Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at [www.grants.gov](http://www.grants.gov). Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at [www.grants.gov](http://www.grants.gov) under the "Workspace Overview" option.

**b. Tracking Number:** Applications submitted through [www.grants.gov](http://www.grants.gov) are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when [www.grants.gov](http://www.grants.gov) receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.



**c. Validation Process:** Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a “submission receipt” e-mail generated by [www.grants.gov](http://www.grants.gov). A second e-mail message to applicants will then be generated by [www.grants.gov](http://www.grants.gov) that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the NOFO. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a “validation” e-mail within two business days of application submission, please contact [www.grants.gov](http://www.grants.gov). For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.

[https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t=Get\\_Started%2FGet\\_Started. htm](https://www.grants.gov/help/html/help/index.htm?callingApp=custom#t=Get_Started%2FGet_Started.htm)

**d. Technical Difficulties:** If technical difficulties are encountered at [www.grants.gov](http://www.grants.gov), applicants should contact Customer Service at [www.grants.gov](http://www.grants.gov). The [www.grants.gov](http://www.grants.gov) Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at [support@grants.gov](mailto:support@grants.gov). Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that [www.grants.gov](http://www.grants.gov) is managed by HHS.

**e. Paper Submission:** If technical difficulties are encountered at [www.grants.gov](http://www.grants.gov), applicants should call the [www.grants.gov](http://www.grants.gov) Contact Center at 1-800-518-4726 or e-mail them at [support@grants.gov](mailto:support@grants.gov) for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

An applicant’s request for permission to submit a paper application must:

1. Include the [www.grants.gov](http://www.grants.gov) case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the [www.grants.gov](http://www.grants.gov) Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

## E. Review and Selection Process



## **1. Review and Selection Process: Applications will be reviewed in three phases**

### **a. Phase I Review**

All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

### **b. Phase II Review**

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

- i. Approach
- ii. Evaluation and Performance Measurement
- iii. Applicant's Organizational Capacity to Implement the Approach

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements

<b>i. Approach</b>	<b>Maximum Points: 0</b>
<b>ii. Evaluation and Performance Measurement</b>	<b>Maximum Points: 0</b>
<b>iii. Applicant's Organizational Capacity to Implement the Approach</b>	<b>Maximum Points: 0</b>
<b>Budget</b>	<b>Maximum Points: 0</b>
<b>i. Approach</b>	<b>Maximum Points: 0</b>
<b>ii. Evaluation and Performance Measurement</b>	<b>Maximum Points: 0</b>
<b>iii. Applicant's Organizational Capacity to Implement the Approach</b>	<b>Maximum Points: 0</b>
<b>Budget</b>	<b>Maximum Points: 0</b>

### **c. Phase III Review**

This is a noncompetitive NOFO. Applications will be reviewed for technical merit without scoring.

#### **Review of risk posed by applicants.**

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold,

defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

- (1) Financial stability;
- (2) Quality of management systems and ability to meet the management standards prescribed in this part;
- (3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
- (4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
- (5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

## **2. Announcement and Anticipated Award Dates**

The anticipated posting date is March 17, 2021, on [www.grants.gov](http://www.grants.gov). Applicants will have up to 45 days, or May 3, 2021, to respond. Applicants are encouraged to apply early. The anticipated award date is approximately 30 calendar days after the end of the application period, or June 1, 2021.

## **F. Award Administration Information**

### **1. Award Notices**

*Recipients will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the recipient and CDC.* The NOA will be signed by an authorized GMO and emailed to the Recipient Business Officer listed in application and the Program Director.

Any applicant awarded funds in response to this Notice of Funding Opportunity will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

## **2. Administrative and National Policy Requirements**

The following Administrative Requirements (AR) apply to this NOFO:

- [AR-7: Executive Order 12372 Review](#)
- [AR-8: Public Health System Reporting Requirements](#)
- [AR-9: Paperwork Reduction Act Requirements](#)
- [AR-10: Smoke-Free Workplace Requirements](#)
- [AR-11: Healthy People 2030](#)
- [AR-12: Lobbying Restrictions](#)
- [AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities](#)
- [AR-8: Public Health System Reporting Requirements](#)
- [AR-15: Proof of Non-profit Status](#)
- [AR-23: Compliance with 45 CFR Part 87](#)
- [AR-14: Accounting System Requirements](#)
- [AR-16: Security Clearance Requirement](#)
- [AR-21: Small, Minority, And Women-owned Business](#)
- [AR-24: Health Insurance Portability and Accountability Act Requirements](#)
- [AR-25: Data Management and Access](#)
- [AR-26: National Historic Preservation Act of 1966](#)
- [AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009](#)
- [AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973](#)
- [AR-32: Enacted General Provisions](#)
- [AR-34: Language Access for Persons with Limited English Proficiency](#)
- [AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020](#)

Recipients are also expected to adhere to administrative requirements relating to nondiscrimination contained in Standard Form 424B (Rev. 7-97): Assurances - Non-Construction Programs, prescribed by OMB Circular A-102.

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at: <https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>

### 3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the project period. Also, reporting is a requirement for recipients who want to apply for yearly continuation of funding. Reporting helps CDC and recipients because it:

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

The table below summarizes required and optional reports. All required reports must be sent electronically to GMS listed in the “Agency Contacts” section of the NOFO copying the CDC Project Officer.

Report Type	When?	Required?
Expenditure Reporting	Quarterly expenditure reports are due 60 days into the award and at the end of each fiscal quarter thereafter through the period of performance.	Yes
Payment Management System (PMS) Reporting	Quarterly reports are due 60 days into the award and at the end of each fiscal quarter thereafter through the period of performance.	Yes
Progress Reporting	Quarterly progress reports are due 60 days into the award and at the end of each fiscal quarter thereafter through the period of performance.	Yes
Federal Financial Reporting Forms	Due 90 days after the end of the budget period	Yes
Final Performance and Financial Report	Due 90 days after end of period of performance	Yes

There may be flexibility in reporting deadlines. CDC will communicate updates or revisions to reporting requirements as appropriate.

Quarterly expenditure and progress reports will be submitted via the Research Electronic Data Capture, or otherwise known as REDCap. CDC will provide training and technical assistance for recipients on REDCap post-award.

**a. Recipient Evaluation and Performance Measurement Plan (required)**

With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

Performance Measurement

- Performance measures and targets
- The frequency that performance data are to be collected.
- How performance data will be reported.
- How quality of performance data will be assured.
- How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

Evaluation

- The types of evaluations to be conducted (e.g. process or outcome evaluations).
- The frequency that evaluations will be conducted.
- How evaluation reports will be published on a publically available website.
- How evaluation findings will be used to ensure continuous quality and program improvement.
- How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
- Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

**b. Annual Performance Report (APR) (required)**



The recipient must submit the APR via [www.Grantsolutions.gov](http://www.Grantsolutions.gov) no later than 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
  - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
  - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
  - Recipients must describe success stories.
- **Challenges**
  - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
  - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
  - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
  - SF-424A Budget Information-Non-Construction Programs.
  - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
  - Indirect Cost Rate Agreement.

The recipients must submit the Annual Performance Report via [www.Grantsolutions.gov](http://www.Grantsolutions.gov) no later than 120 days prior to the end of the budget period.

**c. Performance Measure Reporting (optional)**

CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for recipients at the beginning of the award period.

**d. Federal Financial Reporting (FFR) (required)**

The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period through the Payment Management System (PMS). The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

**e. Final Performance and Financial Report (required)**

The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

**4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)**

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, <http://www.USASpending.gov>.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over \$25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:



- <https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf>,
- [https://www.frs.gov/documents/ffata\\_legislation\\_110\\_252.pdf](https://www.frs.gov/documents/ffata_legislation_110_252.pdf)
- <http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA>.

## **5. Reporting of Foreign Taxes (International/Foreign projects only)**

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) (“United States foreign assistance funds”). Outlined below are the specifics of this requirement:

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:

“Commodity” means any material, article, supplies, goods, or equipment;

“Foreign government” includes any foreign government entity;

“Foreign taxes” means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:

- a. recipient name;
- b. contact name with phone, fax, and e-mail;
- c. agreement number(s) if reporting by agreement(s);
- d. reporting period;
- e. amount of foreign taxes assessed by each foreign government;
- f. amount of any foreign taxes reimbursed by each foreign government;
- g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

## **6. Termination**

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

The Federal award may be terminated in whole or in part as follows:

- (1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;
- (2) By the HHS awarding agency or pass-through entity for cause;
- (3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or
- (4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

## **G. Agency Contacts**

CDC encourages inquiries concerning this notice of funding opportunity.

### **Program Office Contact**

**For programmatic technical assistance, contact:**

First Name:

██████

Last Name:

██████████████

Project Officer

Department of Health and Human Services  
Centers for Disease Control and Prevention

Address:

Department of Health and Human Services  
Centers for Disease Control and Prevention  
Center for State, Tribal, Local, and Territorial Support  
Division of Program and Partnership Services

Telephone:

Email:

██████████@cdc.gov

#### Grants Staff Contact

For **financial, awards management, or budget assistance**, contact:

First Name:

██████████

Last Name:

██████████

Grants Management Specialist  
Department of Health and Human Services  
Office of Grants Services

Address:

Department of Health and Human Services  
Centers for Disease Control and Prevention  
Office of Grants Services

Telephone:

██████████

Email:

██████████@cdc.gov

For assistance with **submission difficulties related to** [www.grants.gov](http://www.grants.gov), contact the Contact Center by phone at ██████████

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348

#### H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at [www.grants.gov](http://www.grants.gov). Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative

- Budget Narrative
- CDC Assurances and Certifications
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

### **References**

[1] [REDACTED] al. Engaging With Communities — Lessons (Re)Learned From COVID-19. Prev Chronic Dis 2020;17:200250. [https://www.cdc.gov/pcd/issues/2020/20\\_0250.htm](https://www.cdc.gov/pcd/issues/2020/20_0250.htm)

2] US Centers for Disease Control and Prevention. COVID-19 cases, data, and surveillance: hospitalization and death by race/ethnicity. Accessed October 12, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>

[3] [REDACTED] COVID-19 racial disparities in testing, infection, hospitalization, and death: analysis of Epic data. Published September 16, 2020. Accessed October 12, 2020. <https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-racial-disparities-testing-infection-hospitalization-death-analysis-epic-patient-data/>

[4] [REDACTED] The association of social determinants of health with COVID-19 mortality in rural and urban counties. Journal of Rural Health. 2021;1-9. <https://doi.org/10.1111/jrh.12557>

### **I. Glossary**

**Activities:** The actual events or actions that take place as a part of the program.

#### **Administrative and National Policy Requirements, Additional Requirements**

**(ARs):** Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see [http:// www.cdc.gov/ grants/ additional requirements/ index.html](http://www.cdc.gov/grants/additional_requirements/index.html). Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

**Approved but Unfunded:** Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.

**Assistance Listings:** A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

**Assistance Listings Number:** A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency

**Award:** Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

**Budget Period or Budget Year:** The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

**Carryover:** Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

**CDC Assurances and Certifications:** Standard government-wide grant application forms.

**Competing Continuation Award:** A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the “life” of the award).

**Continuous Quality Improvement:** A system that seeks to improve the provision of services with an emphasis on future results.

**Contracts:** An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

**Cooperative Agreement:** A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

**Cost Sharing or Matching:** Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

**Direct Assistance:** A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. [http:// www.cdc.gov /grants /additionalrequirements /index.html](http://www.cdc.gov/grants/additionalrequirements/index.html).

**DUNS:** The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at <http://fedgov.dnb.com/webform/displayHomePage.do>.

**Evaluation (program evaluation):** The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

**Evaluation Plan:** A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

**Federal Funding Accountability and Transparency Act of 2006 (FFATA):** Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at [www.USAspending.gov](http://www.USAspending.gov).

**Fiscal Year:** The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

**Grant:** A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

**Grants.gov:** A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at [www.grants.gov](http://www.grants.gov).

**Grants Management Officer (GMO):** The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

**Grants Management Specialist (GMS):** A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These

activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

**Health Disparities:** Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

**Health Equity:** Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

**Health Inequities:** Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

**Healthy People 2030:** National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

**Inclusion:** Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

**Indirect Costs:** Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

**Intergovernmental Review:** Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: [https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental\\_-\\_Review-SPOC\\_01\\_2018\\_OFFM.pdf](https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-_Review-SPOC_01_2018_OFFM.pdf).

**Letter of Intent (LOI):** A preliminary, non-binding indication of an organization's intent to submit an application.

**Lobbying:** Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

**Logic Model:** A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.



**Maintenance of Effort:** A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

**Memorandum of Understanding (MOU) or Memorandum of Agreement**

**(MOA):** Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

**Nonprofit Organization:** Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher education, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

**Notice of Award (NoA):** The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

**Objective Review:** A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

**Outcome:** The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

**Performance Measurement:** The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A “program” may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

**Period of performance –formerly known as the project period - :** The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

**Period of Performance Outcome:** An outcome that will occur by the end of the NOFO's funding period

**Plain Writing Act of 2010:** The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear,

consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

**Program Strategies:** Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

**Program Official:** Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

**Public Health Accreditation Board (PHAB):** A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation <http://www.phaboard.org>.

**Social Determinants of Health:** Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

**Statute:** An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

**Statutory Authority:** Authority provided by legal statute that establishes a federal financial assistance program or award.

**System for Award Management (SAM):** The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing [www.grants.gov](http://www.grants.gov) to verify identity and pre-fill organizational information on grant applications.

**Technical Assistance:** Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

**Work Plan:** The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

#### **NOFO-specific Glossary and Acronyms**

**Health equity (2)** is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.”

**Underserved communities** refers to populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life. Populations can include but are not limited to: African American, Latino, and Indigenous and Native American persons, Asian Americans and Pacific

Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural communities; and persons otherwise adversely impacted by persistent poverty or inequality [\(Definition modified from the Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, January 20, 2021\)](#).

# **EXHIBIT B**



Award#

FAIN#

Federal Award Date: 05/28/2021

**Recipient Information****1. Recipient Name**COUNTY OF SACRAMENTO DOH & HUMAN  
SERVICES

[NoPhoneRecord]

**2. Congressional District of Recipient**

06

**3. Payment System Identifier (ID)****4. Employer Identification Number (EIN)****5. Data Universal Numbering System (DUNS)****6. Recipient's Unique Entity Identifier****7. Project Director or Principal Investigator**

@saccounty.net

**8. Authorized Official**

@SACCOUNTY.NET

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Grants Management Specialist

@cdc.gov

**10. Program Official Contact Information**

@cdc.gov

**Federal Award Information****11. Award Number****12. Unique Federal Award Identification Number (FAIN)****13. Statutory Authority**

317(K)(2) OF PHSA 42USC 247B(K)(2)

**14. Federal Award Project Title**Addressing COVID-19 Health Disparities Among High-risk and Underserved Populations, including  
Communities of Color, in Sacramento County.**15. Assistance Listing Number**

93.391

**16. Assistance Listing Program Title**Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public  
Health or Healthcare Crises**17. Award Action Type**

New

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information****19. Budget Period Start Date** 06/01/2021 - **End Date** 05/31/2023**20. Total Amount of Federal Funds Obligated by this Action**

\$7,016,680.00

20a. Direct Cost Amount

\$6,672,097.00

20b. Indirect Cost Amount

\$344,583.00

**21. Authorized Carryover**

\$0.00

**22. Offset**

\$0.00

**23. Total Amount of Federal Funds Obligated this budget period**

\$0.00

**24. Total Approved Cost Sharing or Matching, where applicable**

\$0.00

**25. Total Federal and Non-Federal Approved this Budget Period**

\$7,016,680.00

**26. Project Period Start Date** 06/01/2021 - **End Date** 05/31/2023**27. Total Amount of the Federal Award including Approved  
Cost Sharing or Matching this Project Period**

Not Available

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature****30. Remarks**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

# 576

Notice of Award

Award#

FAIN#

Federal Award Date: 05/28/2021

**Recipient Information****Recipient Name**COUNTY OF SACRAMENTO DOH & HUMAN  
SERVICES

[REDACTED]

[REDACTED]

[NoPhoneRecord]

**Congressional District of Recipient**

06

**Payment Account Number and Type**

[REDACTED]

**Employer Identification Number (EIN) Data**

[REDACTED]

**Universal Numbering System (DUNS)**

[REDACTED]

**Recipient's Unique Entity Identifier**

Not Available

**31. Assistance Type**

Project Grant

**32. Type of Award**

Other

**33. Approved Budget**

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$1,514,627.00
b. Fringe Benefits	\$984,529.00
c. Total Personnel Costs	\$2,499,156.00
d. Equipment	\$0.00
e. Supplies	\$149,934.00
f. Travel	\$7,004.00
g. Construction	\$0.00
h. Other	\$567,885.00
i. Contractual	\$3,448,118.00
j. TOTAL DIRECT COSTS	\$6,672,097.00
k. INDIRECT COSTS	\$344,583.00
l. TOTAL APPROVED BUDGET	\$7,016,680.00
m. Federal Share	\$7,016,680.00
n. Non-Federal Share	\$0.00

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
[REDACTED]	[REDACTED]	OT	41.51	\$7,016,680.00	[REDACTED]





## DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award#

FAIN#

Federal Award Date: 05/28/2021

## Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00



## AWARD ATTACHMENTS

COUNTY OF SACRAMENTO DOH & HUMAN SERVICES



---

1. Terms and Conditions - 0095 - COUNTY OF SACRAMENTO

**Recipient:** Sacramento County Health Department

<b>AWARD INFORMATION</b>
--------------------------

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-OT21-2103, entitled National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities, and application dated May 3, 2021, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Approved Funding:** Funding in the amount of \$7,016,680 is approved for a two year performance and budget period, which is June 1, 2021 through May 31, 2023. All future funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

**Coronavirus Disease 2019 (COVID-19) Funds:** A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>. Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.



This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

**Budget Revision Requirement:** By July 1, 2021 the recipient must submit a revised budget with a narrative justification. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

**Pre-Award Costs:** Pre-award costs dating back to March 15, 2021 – and directly related to the COVID-19 outbreak response are allowable.

#### **FUNDING RESTRICTIONS AND LIMITATIONS**

Indirect costs are not approved for this award, because indirect costs were not requested or an approved Indirect Cost Rate Agreement has not been established. To have indirect costs approved for this grant, submit an approved indirect cost rate agreement to the grants management specialist no later than June 1, 2021.

#### **REPORTING REQUIREMENTS**

**Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS):** Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services

Centers for Disease Control and Prevention  
Global Health Services Branch

Email: [REDACTED]@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General



[REDACTED]  
[REDACTED]  
Fax: [REDACTED] (Include "Mandatory Grant Disclosures" in subject line) or  
Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

#### **PAYMENT INFORMATION**

*The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to [hhstips@oig.hhs.gov](mailto:hhstips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.*

**Payment Management System Subaccount:** Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

#### **PROGRAM OR FUNDING SPECIFIC CLOSEOUT REQUIREMENTS**

The final programmatic report format required is the following.

**Final Performance Progress and Evaluation Report:** This report should include the information specified in the NOFO and is submitted 90 days following the end of the period of performance via [www.grantsolutions.gov](http://www.grantsolutions.gov). At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Additional guidance may be provided by the GMS and found at:  
<https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>

#### **CDC Staff Contacts**

**Grants Management Specialist:** The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

**Program/Project Officer:** The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

**Grants Management Officer:** The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

# **EXHIBIT C**





U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control  
and Prevention (CDC)

## General Terms and Conditions for Non-Research Grant and Cooperative Agreements

**Incorporation:** The Department of Health and Human Services (HHS) grant recipients must comply with all terms and conditions outlined in the Notice of Funding Opportunity (NOFO), their Notice of Award (NOA), grants policy contained in applicable HHS Grants Policy Statements, 45 CFR Part 75, requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. The term grant is used throughout these general terms and conditions of award and includes cooperative agreements.

**Note:** In the event that any requirement in the NOA, the NOFO, the HHS Grants Policy Statement, 45 CFR Part 75, or applicable statutes/appropriations acts conflict, then statutes and regulations take precedence.

### FEDERAL REGULATIONS AND POLICIES

**45 CFR Part 75** – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.

<https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75&rgn=div5>

#### HHS Grants Policy and Regulations

<https://www.hhs.gov/grants/grants/grants-policies-regulations/index.html>

#### HHS Grants Policy Statement

<https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>

#### Federal Funding Accountability and Transparency Act (FFATA)

<https://www.ftrs.gov/>

**Trafficking In Persons:** Consistent with 2 CFR 175, awards are subject to the requirements of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. Part 7104(g)).

<https://www.law.cornell.edu/cfr/text/2/part-175>

**CDC Additional Requirements (AR)** may apply. The NOFO will detail which specific ARs apply to resulting awards. Links to full texts can be found at:

<https://www.cdc.gov/grants/additional-requirements/index.html>.

## FUNDING RESTRICTIONS AND LIMITATIONS

**Cost Limitations as stated in Appropriations Acts.** Recipients must follow applicable fiscal year appropriations law in effect at the time of award. See AR-32 Appropriations Act, General Requirements: <https://www.cdc.gov/grants/additional-requirements/ar-32.html>.

**Though Recipients are required to comply with all applicable appropriations restrictions, please find below specific ones of note.** CDC notes that the cited section for each below provision may change annually.

- A. Cap on Salaries (Division H, Title II, General Provisions, Sec. 202): None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.

Note: The salary rate limitation does not restrict the salary that an organization may pay an individual working under an HHS contract or order; it merely limits the portion of that salary that may be paid with federal funds.

- B. Gun Control Prohibition (Div. H, Title II, Sec. 210): None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

- C. Lobbying Restrictions (Div. H, Title V, Sec. 503):

- 503(a): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.
- 503(b): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
- 503(c): The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future federal, state or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

For additional information, see Additional Requirement 12 at <https://www.cdc.gov/grants/additional-requirements/ar-12.html>.

D. Needle Exchange (Div. H, Title V, Sec. 520): Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

E. Blocking access to pornography (Div. H, Title V, Sec. 521): (a) None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography; (b) Nothing in subsection (a) shall limit the use of funds necessary for any federal, state, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.

**Prohibition on certain telecommunications and video surveillance services or equipment** (Pub. L. 115-232, section 889): For all new, non-competing continuation, renewal or supplemental awards issued on or after August 13, 2020, recipients and subrecipients are prohibited from obligating or expending grant funds (to include direct and indirect expenditures as well as cost share and program funds) to:

1. Procure or obtain,
2. Extend or renew a contract to procure or obtain; or
3. Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
  - i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
  - ii. Telecommunications or video surveillance services provided by such entities or using such equipment.
  - iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

President's Emergency Plan for AIDS Relief (PEPFAR) funding is exempt from the prohibition under Pub. L. 115-232, section 889 until September 30, 2022. During the exemption period, PEPFAR recipients are expected to work toward implementation of the requirements.

**Cancel Year:** 31 U.S.C. Part 1552(a) Procedure for Appropriation Accounts Available for Definite Periods states the following: On September 30<sup>th</sup> of the 5<sup>th</sup> fiscal year after the period of availability for obligation of a fixed appropriation account ends, the account shall be closed and any remaining balances (whether obligated or unobligated) in the account shall be canceled and thereafter shall not be available for obligation or expenditure for any purpose.

## REPORTING REQUIREMENTS

**Annual Federal Financial Report (FFR, SF-425):** The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted no later than 90 days after the end of the budget period in the Payment Management System.

Additional guidance on submission of Federal Financial Reports can be found at <https://www.cdc.gov/grants/documents/change-in-federal-reporting-fy-2021-recipients.pdf>.

If more frequent reporting is required, the Notice of Award terms and conditions will explicitly state the reporting requirement.

**Annual Performance Progress and Monitoring Reporting:** The Annual Performance Progress and Monitoring Report (PPMR) is due no later than 120 days prior to the end of the budget period and serves as the continuation application for the follow-on budget period. Submission instructions, due date, and format will be included in the guidance from the assigned GMO/GMS via [www.grantsolutions.gov](http://www.grantsolutions.gov).

Any change to the existing information collection noted in the award terms and conditions will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

**Data Management Plan:** CDC requires recipients for projects that involve the collection or generation of data with federal funds to develop, submit and comply with a Data Management Plan (DMP) for each collection or generation of public health data undertaken as part of the award and, to the extent consistent with law and appropriate, provide access to and archiving/long-term preservation of collected or generated data. Additional information on the Data Management and Access requirements can be found at <https://www.cdc.gov/grants/additional-requirements/ar-25.html>.

**Audit Requirement Domestic Organizations** (*including US-based organizations implementing projects with foreign components*): An organization that expends \$750,000 or more in a fiscal year in federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of 45 CFR Part 75. The audit period is an organization's fiscal year. The audit must be completed along with a data collection form (SF-SAC), and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. The audit report must be sent to:

Federal Audit Clearing House Internet Data Entry System Electronic Submission:  
[https://harvester.census.gov/facides/\(S\(0vkw1zaelyzjibnahocqa5i0\)\)/account/login.aspx](https://harvester.census.gov/facides/(S(0vkw1zaelyzjibnahocqa5i0))/account/login.aspx)

AND

Office of Financial Resources, Risk Management and Internal Control [REDACTED]  
[REDACTED]@cdc.gov.

**Audit Requirement Foreign Organizations:** An organization that expends \$300,000 or more in a



fiscal year on its federal awards must have a single or program-specific audit conducted for that year. The audit period is an organization's fiscal year. The auditor shall be a U.S.-based Certified Public Accountant firm, the foreign government's Supreme Audit Institution or equivalent, or an audit firm endorsed by the U.S. Agency for International Development's Office of Inspector General. The audit must be completed in English and in US dollars, and submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. The audit report must be sent to the Office of Financial Resources, Risk Management and Internal Control Unit's Audit Resolution Team (ART) at [REDACTED]@cdc.gov. After receipt of the audit report, CDC will resolve findings by issuing Final Management Determination Letters.

**Domestic and Foreign organizations:** Audit requirements for Subrecipients to whom 45 CFR 75 Subpart F applies: The recipient must ensure that the subrecipients receiving CDC funds also meet these requirements. The recipient must also ensure to take appropriate corrective action within six months after receipt of the subrecipient audit report in instances of non-compliance with applicable federal law and regulations (45 CFR 75 Subpart F and HHS Grants Policy Statement). The recipient may consider whether subrecipient audits necessitate adjustment of the recipient's own accounting records. If a subrecipient is not required to have a program-specific audit, the recipient is still required to perform adequate monitoring of subrecipient activities. The recipient shall require each subrecipient to permit the independent auditor access to the subrecipient's records and financial statements. The recipient must include this requirement in all subrecipient contracts.

**Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS):** Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the assigned GMS/GMO identified in the NOA, and to the HHS OIG at the following address:

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures, Intake Coordinator

[REDACTED]

Fax: [REDACTED] (Include "Mandatory Grant Disclosures" in subject line) or Email:  
[MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS) (45 CFR 75.372(b)). CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award (45 CFR 75.373(b)).

### *1. General Reporting Requirement*

If the total value of currently active grants, cooperative agreements, and procurement contracts from all federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this federal award, the recipient must maintain the currency of information reported to the System for Award Management (SAM) and made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) about civil, criminal, or administrative proceedings described in section 2 of this award term and condition. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for federal procurement contracts, will be publicly available.

### *2. Proceedings About Which You Must Report*

Submit the information required about each proceeding that:

- a. Is in connection with the award or performance of a grant, cooperative agreement, or procurement contract from the federal government;
- b. Reached its final disposition during the most recent five-year period; and
- c. If one of the following:
  - (1) A criminal proceeding that resulted in a conviction, as defined in paragraph 5 of this award term and condition;
  - (2) A civil proceeding that resulted in a finding of fault and liability and payment of a monetary fine, penalty, reimbursement, restitution, or damages of \$5,000 or more;
  - (3) An administrative proceeding, as defined in paragraph 5 of this award term and condition, that resulted in a finding of fault and liability and your payment of either a monetary fine or penalty of \$5,000 or more or reimbursement, restitution, or damages in excess of \$100,000; or
  - (4) Any other criminal, civil, or administrative proceeding if:
    - (i) It could have led to an outcome described in paragraph 2.c.(1), (2), or (3) of this award term and condition;
    - (ii) It had a different disposition arrived at by consent or compromise with an acknowledgement of fault on your part; and
    - (iii) The requirement in this award term and condition to disclose information about the proceeding does not conflict with applicable laws and regulations.



### *3. Reporting Procedures*

Enter in the SAM Entity Management area the information that SAM requires about each proceeding described in section 2 of this award term and condition. You do not need to submit the information a second time under assistance awards that you received if you already provided the information through SAM because you were required to do so under federal procurement contracts that you were awarded.

### *4. Reporting Frequency*

During any period of time when you are subject to this requirement in section 1 of this award term and condition, you must report proceedings information through SAM for the most recent five year period, either to report new information about any proceeding(s) that you have not reported previously or affirm that there is no new information to report. Recipients that have federal contract, grant, and cooperative agreement awards with a cumulative total value greater than \$10,000,000 must disclose semiannually any information about the criminal, civil, and administrative proceedings.

### *5. Definitions*

For purposes of this award term and condition:

- a. Administrative proceeding means a non-judicial process that is adjudicatory in nature in order to make a determination of fault or liability (e.g., Securities and Exchange Commission Administrative proceedings, Civilian Board of Contract Appeals proceedings, and Armed Services Board of Contract Appeals proceedings). This includes proceedings at the federal and state level but only in connection with performance of a federal contract or grant. It does not include audits, site visits, corrective plans, or inspection of deliverables.
- b. Conviction, for purposes of this award term and condition, means a judgment or conviction of a criminal offense by any court of competent jurisdiction, whether entered upon a verdict or a plea, and includes a conviction entered upon a plea of nolo contendere.
- c. Total value of currently active grants, cooperative agreements, and procurement contracts includes—
  - (1) Only the federal share of the funding under any federal award with a recipient cost share or match;
  - (2) The value of all expected funding increments under a federal award and options, even if not yet exercised.

## GENERAL REQUIREMENTS

You must administer your project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

- You must take reasonable steps to ensure that your project provides meaningful access to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov/>.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and taking appropriate steps to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

**Termination (45 CFR Part 75.372) applies to this award and states, in part, the following:**

(a) *This award may be terminated in whole or in part:*

- (1) By the HHS awarding agency or pass-through entity, if a non-Federal entity fails to comply with the terms and conditions of a Federal award;
- (2) By the HHS awarding agency or pass-through entity for cause;
- (3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated;
- (4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the Federal awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

**Travel Cost:** In accordance with HHS Grants Policy Statement, travel costs are allowable when

the travel will provide a direct benefit to the project or program. To prevent disallowance of cost, the recipient is responsible for ensuring travel costs are clearly stated in their budget narrative and are applied in accordance with their organization's established travel policies and procedures. The recipient's established travel policies and procedures must also meet the requirements of 45 CFR Part 75.474.

**Food and Meals:** Costs associated with food or meals are allowable when consistent with applicable federal regulations and HHS policies. See <https://www.hhs.gov/grants/contracts/contract-policies-regulations/spending-on-food/index.html>. In addition, costs must be clearly stated in the budget narrative and be consistent with organization approved policies. Recipients must make a determination of reasonableness and organization approved policies must meet the requirements of 45 CFR Part 75.432.

**Prior Approval:** All requests which require prior approval, must bear the signature (or electronic authorization) of the authorized organization representative. The recipient must submit these requests no later than 120 days prior to the budget period's end date. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

The following types of requests are examples of actions that require prior approval, unless an expanded authority, or conversely a high risk condition, is explicitly indicated in the NOA.

- Use of unobligated funds from prior budget period (Carryover)
- Lift funding restriction
- Significant redirection of funds (i.e., cumulative changes of 25% of total award)
- Change in scope
- Implement a new activity or enter into a sub-award that is not specified in the approved budget
- Apply for supplemental funds
- Extensions to period of performance

Templates for prior approval requests can be found at:

<https://www.cdc.gov/grants/already-have-grant/PriorApprovalRequests.html>.

Additional information on the electronic grants administration system CDC non-research awards utilize, Grants Solutions, can be found at: <https://www.cdc.gov/grants/grantsolutions/index.html>.

**Key Personnel:** In accordance with 45 CFR Part 75.308, CDC recipients must obtain prior approval from CDC for (1) change in the project director/principal investigator, authorized organizational representative, business official, financial director, or other key persons specified in the NOFO, application or award document; and (2) the disengagement from the project for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

**Inventions:** Acceptance of grant funds obligates recipients to comply with the standard patent

rights clause in 37 CFR Part 401.14.

**Acknowledgment of Federal Funding:** When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as tool-kits, resource guides, websites, and presentations (hereafter "statements")--describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, the recipient must clearly state:

1. the percentage and dollar amount of the total costs of the program or project funded with federal money; and,
2. the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement.

If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

If the HHS Grant or Cooperative Agreement IS partially funded with other non-governmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by CDC/HHS and \$XX amount and XX percentage funded by non- government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be coordinated with the HHS Awarding Agency.

If the recipient plans to issue a press release concerning the outcome of activities supported by HHS financial assistance, it should notify the HHS Awarding Agency in advance to allow for coordination.

**Copyright Interests Provision:** This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National

Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also, at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however, the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted article reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

**Disclaimer for Conference/Meeting/Seminar Materials:** If a conference/meeting/seminar is funded by a grant, cooperative agreement, sub-grant and/or a contract, the recipient must include the following statement on conference materials, including promotional materials, agenda, and internet sites:

Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

**Logo Use for Conference and Other Materials:** Neither the Department of Health and Human Services (HHS) nor the CDC logo may be displayed if such display would cause confusion as to the funding source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. Part 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. A non-federal entity is not authorized to use the HHS name or logo governed by U.S.C. Part 1320b-10. The appropriate use of the HHS logo is subject to review and approval of the HHS Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the HHS Office of the Inspector General has authority to impose civil monetary penalties for violations (42 CFR Part 1003).

Additionally, the CDC logo cannot be used by the recipient without the express, written consent of CDC. The Program Official/Project Officer identified in the NOA can assist with facilitating such a request. It is the responsibility of the recipient to request consent for use of the logo in sufficient detail to ensure a complete depiction and disclosure of all uses of the Government logos. In all

cases for utilization of Government logos, the recipient must ensure written consent is received. Further, the HHS and CDC logo cannot be used by the recipient without a license agreement setting forth the terms and conditions of use.

**Equipment and Products:** To the greatest extent practical, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization's policy.

The recipient may use its own property management standards and procedures, provided it observes provisions in applicable grant regulations found at 45 CFR Part 75.

**Federal Information Security Management Act (FISMA):** All information systems, electronic or hard copy, that contain federal data must be protected from unauthorized access. This standard also applies to information associated with CDC grants. Congress and the OMB have instituted laws, policies and directives that govern the creation and implementation of federal information security practices that pertain specifically to grants and contracts. The current regulations are pursuant to the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002, PL 107-347.

FISMA applies to CDC recipients only when recipients collect, store, process, transmit or use information on behalf of HHS or any of its component organizations. In all other cases, FISMA is not applicable to recipients of grants, including cooperative agreements. Under FISMA, the recipient retains the original data and intellectual property, and is responsible for the security of these data, subject to all applicable laws protecting security, privacy, and research. If/When information collected by a recipient is provided to HHS, responsibility for the protection of the HHS copy of the information is transferred to HHS and it becomes the agency's responsibility to protect that information and any derivative copies as required by FISMA. For the full text of the requirements under Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347, please review the following website:  
<https://www.govinfo.gov/content/pkg/PLAW-107publ347/pdf/PLAW-107publ347.pdf>.

**Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:**

Recipients are hereby given notice that the 48 CFR section 3.908, implementing section 828, entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections," of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, enacted January 2, 2013), applies to this award.

**Federal Acquisition Regulations**

As promulgated in the Federal Register, the relevant portions of 48 CFR section 3.908 read as follows (note that use of the term "contract," "contractor," "subcontract," or "subcontractor" for the purpose of this term and condition, should be read as "grant," "recipient," "subgrant," or "subrecipient"):



3.908 Pilot program for enhancement of contractor employee whistleblower protections.

3.908-1 Scope of section.

(a) This section implements [41 U.S.C. 4712](#).

(b) This section does not apply to-

- (1) DoD, NASA, and the Coast Guard; or
- (2) Any element of the intelligence community, as defined in section 3(4) of the National Security Act of 1947 (50 U.S.C. 3003(4)). This section does not apply to any disclosure made by an employee of a contractor or subcontractor of an element of the intelligence community if such disclosure-
  - (i) Relates to an activity of an element of the intelligence community; or
  - (ii) Was discovered during contract or subcontract services provided to an element of the intelligence community.

3.908-2 Definitions.

As used in this section-

“Abuse of authority” means an arbitrary and capricious exercise of authority that is inconsistent with the mission of the executive agency concerned or the successful performance of a contract of such agency.

“Inspector General” means an Inspector General appointed under the Inspector General Act of 1978 and any Inspector General that receives funding from, or has oversight over contracts awarded for, or on behalf of, the executive agency concerned.

3.908-3 Policy.

- (a) Contractors and subcontractors are prohibited from discharging, demoting, or otherwise discriminating against an employee as a reprisal for disclosing, to any of the entities listed at paragraph (b) of this subsection, information that the employee reasonably believes is evidence of gross mismanagement of a federal contract, a gross waste of federal funds, an abuse of authority relating to a federal contract, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a federal contract (including the competition for or negotiation of a contract). A reprisal is prohibited even if it is undertaken at the request of an executive branch official, unless the request takes the form of a non-discretionary directive and is within the authority of the executive branch official making the request.
- (b) Entities to whom disclosure may be made.
  - (1) A Member of Congress or a representative of a committee of Congress.
  - (2) An Inspector General.
  - (3) The Government Accountability Office.
  - (4) A federal employee responsible for contract oversight or management at the relevant agency.
  - (5) An authorized official of the Department of Justice or other lawenforcement agency.
  - (6) A court or grand jury.

- (7) A management official or other employee of the contractor or subcontractor who has the responsibility to investigate, discover, or address misconduct.
- (c) An employee who initiates or provides evidence of contractor or subcontractor misconduct in any judicial or administrative proceeding relating to waste, fraud, or abuse on a federal contract shall be deemed to have made a disclosure.

### 3.908-9 Contract clause.

#### Contractor Employee Whistleblower Rights and Requirement to Inform Employees of Whistleblower Rights (Sept. 2013)

- (a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at [41 U.S.C. 4712](#) by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR [3.908](#).
- (b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under [41 U.S.C. 4712](#), as described in section [3.908](#) of the Federal Acquisition Regulation.
- (c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

## PAYMENT INFORMATION

**Fraud Waste or Abuse:** The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to [hhstips@oig.hhs.gov](mailto:hhstips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

**Automatic Drawdown (Direct/Advance Payments):** Payments under CDC awards will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS), under automatic drawdown, unless specified otherwise in the NOA. Recipients must comply with requirements imposed by the PMS on-line system. Questions concerning award payments or audit inquiries should be directed to the payment management services office.

PMS Website: <https://pms.psc.gov/> PMS  
Phone Support: +1(877)614-5533  
PMS Email Support: [PMSSupport@psc.gov](mailto:PMSSupport@psc.gov)

**Payment Management System Subaccount:** Funds awarded in support of approved activities will be obligated in an established subaccount in the PMS. Funds must be used in support of approved activities in the NOFO and the approved application. All award funds must be tracked and reported separately.

**Exchange Rate:** All requests for funds contained in the budget, shall be stated in U.S. dollars.

Once an award is made, CDC will generally not compensate foreign recipients for currency exchange fluctuations through the issuance of supplemental awards.

**Acceptance of the Terms of an Award:** By drawing or otherwise obtaining funds from PMS, the recipient acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient cannot accept the terms, the recipient should notify the Grants Management Officer within thirty (30) days of receipt of the NOA.

**Certification Statement:** By drawing down funds, the recipient certifies that proper financial management controls and accounting systems, to include personnel policies and procedures, have been established to adequately administer federal awards and funds drawn down. Recipients must comply with all terms and conditions in the NOFO, outlined in their NOA, grant policy terms and conditions contained in applicable HHS Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grants administration regulations, as applicable; as well as any regulations or limitations in any applicable appropriations acts.

## CLOSEOUT REQUIREMENTS

Recipients must submit all closeout reports identified in this section within 90 days of the period of performance end date. The reporting timeframe is the full period of performance. If the recipient does not submit all reports in accordance with this section and the terms and conditions of the Federal Award, CDC may proceed to close out with the information available within one year of the period of performance end date unless otherwise directed by authorizing statutes. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

**Final Performance Progress and Evaluation Report (PPER):** This report should include the information specified in the NOFO and is submitted upon solicitation from the GMS/GMO via [www.grantsolutions.gov](http://www.grantsolutions.gov). At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims;
- Description of results (positive or negative) considered significant; and
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published as a result of the work supported in part or whole by the grant must be submitted with the performance progress reports.

**Final Federal Financial Report (FFR, SF-425):** The FFR should only include those funds authorized and expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 90 days after the period of performance end date through recipient online accounts in the Payment Management System. The final FFR will consolidate data reporting responsibilities to one entry point within PMS which will assist with the reconciliation of expenditures and disbursements to support the timely close-out of grants.

The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Every recipient should already have a PMS account to allow access to complete the SF-425.

Additional guidance on submission of Federal Financial Reports can be found at <https://www.cdc.gov/grants/documents/change-in-federal-reporting-fy-2021-recipients.pdf>.

**Equipment and Supplies - Tangible Personal Property Report (SF-428):** A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting: <https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>.

If no equipment was acquired under an award, a negative report is required. The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the federal government may be retained, sold, or otherwise disposed of, with no further obligation to the federal government.

## CDC STAFF RESPONSIBILITIES

**Roles and Responsibilities:** Grants Management Specialists/Officers (GMO/GMS) and Program Officials (PO) work together to award and manage CDC grants and cooperative agreements. From the pre-planning stage to closeout of an award, grants management and program staff have specific roles and responsibilities for each phase of the grant cycle. Award specific terms and conditions will include contact information for the PO/GMO/GMS.

**Program Official:** The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements including:

- The development of programs and NOFOs to meet the CDC's mission;
- Providing technical assistance to applicants in developing their applications, e.g., explanation of programmatic requirements, regulations, evaluation criteria, and guidance to applicants on possible linkages with other resources;
- Providing technical assistance to recipients in the performance of their project; and
- Post-award monitoring of recipient performance such as review of progress reports, review of prior approval requests, conducting site visits, and other activities complementary to those of the GMO/GMS.

For Cooperative Agreements, substantial involvement is required from CDC. The PO is the federal official responsible for the collaboration or participation in carrying out the effort under the award. Substantial involvement will be detailed in the NOFO and award specific terms and conditions and may include, but is not limited to:

- Review and approval of one stage of work before work can begin on a subsequent stage;
- Review and approval of substantive programmatic provisions of proposed subawards or contracts (beyond existing federal review of procurement or sole source policies);
- Involvement in the selection of key relevant personnel;
- CDC and recipient collaboration or joint participation; and
- Implementing highly prescriptive requirements prior to award limiting recipient discretion with respect to scope of services, organizational structure, staffing, mode of operation, and other management processes.

**Grants Management Officer:** The GMO is the only official authorized to obligate federal funds and is responsible for signing the NOA, including revisions to the NOA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization. The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards including:

- Determining the appropriate award instrument, i.e., grant or cooperative agreement;
- Determining if an application meets the requirements of the NOFO;
- Ensuring objective reviews are conducted in an above-the-board manner and according to guidelines set forth in grants policy;
- Ensuring recipient compliance with applicable laws, regulations, and policies;
- Negotiating awards, including budgets;
- Responding to recipient inquiries regarding the business and administrative aspects of an award;
- Providing recipients with guidance on the closeout process and administering the closeout of grants;
- Receiving and processing reports and prior approval requests such as changes in funding, budget redirection, or changes to the terms and conditions of an award; and
- Maintaining the official grant file and program book.

**Grants Management Specialist:** The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards. Many of the functions described in the GMO section are performed by the GMS, on behalf of the GMO.

# **EXHIBIT D**





## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Notice of Award

Centers for Disease Control and Prevention

Award# [REDACTED]

FAIN# [REDACTED]

Federal Award Date: 10/31/2021

**Recipient Information****1. Recipient Name**

SACRAMENTO, COUNTY OF

[REDACTED]

[NoPhoneRecord]

**2. Congressional District of Recipient**

06

**3. Payment System Identifier (ID)**

[REDACTED]

**4. Employer Identification Number (EIN)**

[REDACTED]

**5. Data Universal Numbering System (DUNS)**

[REDACTED]

**6. Recipient's Unique Entity Identifier****7. Project Director or Principal Investigator**

[REDACTED]

@saccounty.net

**8. Authorized Official**

[REDACTED]

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

[REDACTED]

**10. Program Official Contact Information**

[REDACTED]

**30. Remarks****Federal Award Information****11. Award Number**

[REDACTED]

**12. Unique Federal Award Identification Number (FAIN)**

[REDACTED]

**13. Statutory Authority**

317(K)(2) OF PHSA 42USC 247B(K)(2)

**14. Federal Award Project Title**

Addressing COVID-19 Health Disparities Among High-risk and Underserved Populations, including Communities of Color, in Sacramento County.

**15. Assistance Listing Number**

93.391

**16. Assistance Listing Program Title**

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises

**17. Award Action Type**

Budget Revision

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information****19. Budget Period Start Date** 06/01/2021 - **End Date** 05/31/2023**20. Total Amount of Federal Funds Obligated by this Action**

\$0.00

20a. Direct Cost Amount

\$61,236.00

20b. Indirect Cost Amount

(\$61,236.00)

**21. Authorized Carryover**

\$0.00

**22. Offset**

\$0.00

**23. Total Amount of Federal Funds Obligated this budget period**

\$7,016,680.00

**24. Total Approved Cost Sharing or Matching, where applicable**

\$0.00

**25. Total Federal and Non-Federal Approved this Budget Period**

\$7,016,680.00

**26. Project Period Start Date** 06/01/2021 - **End Date** 05/31/2023**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period**

Not Available

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

[REDACTED]



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

# 603

## Notice of Award

Award#

FAIN#

Federal Award Date: 10/31/2021

## Recipient Information

## Recipient Name

SACRAMENTO, COUNTY OF

## Congressional District of Recipient

06

## Payment Account Number and Type

## Employer Identification Number (EIN) Data

## Universal Numbering System (DUNS)

## Recipient's Unique Entity Identifier

Not Available

## 31. Assistance Type

Project Grant

## 32. Type of Award

Other

## 33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$1,418,038.00
b. Fringe Benefits	\$833,486.00
c. Total Personnel Costs	\$2,251,524.00
d. Equipment	\$0.00
e. Supplies	\$41,853.00
f. Travel	\$7,004.00
g. Construction	\$0.00
h. Other	\$533,087.00
i. Contractual	\$3,899,865.00
j. TOTAL DIRECT COSTS	\$6,733,333.00
k. INDIRECT COSTS	\$283,347.00
l. TOTAL APPROVED BUDGET	\$7,016,680.00
m. Federal Share	\$7,016,680.00
n. Non-Federal Share	\$0.00

## 34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
		OT	41.51	\$0.00	



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice

Centers for Disease Control and Prevention

Award#

FAIN#

Federal A

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	
Personnel	\$0.00	0.00	\$0.00
Fringe Benefits	\$0.00	0.00	\$0.00
Travel	\$0.00	0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

## AWARD ATTACHMENTS

SACRAMENTO, COUNTY OF

---

1. Terms and Conditions

**ADDITIONAL TERMS AND CONDITIONS OF AWARD**

**Revised Budget:** The purpose of this amended Notice of Award is to approve the revised budget submitted by your organization dated October 26, 2021. Funds have been distributed as indicated in the approved budget of this Notice of Award.

Please be advised that the Recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to their award are allowable, allocable, necessary, and reasonable.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer (GMO).

**PLEASE REFERENCE YOUR AWARD NUMBER ON ALL CORRESPONDENCES.**

# **EXHIBIT E**





## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Notice of Award

Centers for Disease Control and Prevention

Award# [REDACTED]

FAIN# [REDACTED]

Federal Award Date: 06/27/2022

**Recipient Information****1. Recipient Name**

SACRAMENTO, COUNTY OF

**2. Congressional District of Recipient**

06

**3. Payment System Identifier (ID)****4. Employer Identification Number (EIN)****5. Data Universal Numbering System (DUNS)****6. Recipient's Unique Entity Identifier (UEI)****7. Project Director or Principal Investigator****8. Authorized Official****Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information****10. Program Official Contact Information****30. Remarks****Federal Award Information****11. Award Number****12. Unique Federal Award Identification Number (FAIN)****13. Statutory Authority**

317(K)(2) OF PHSA 42USC 247B(K)(2)

**14. Federal Award Project Title**

Addressing COVID-19 Health Disparities Among High-risk and Underserved Populations, including Communities of Color, in Sacramento County.

**15. Assistance Listing Number**

93.391

**16. Assistance Listing Program Title**

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises

**17. Award Action Type**

Change PI/PD

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information****19. Budget Period Start Date** 06/01/2021 - **End Date** 05/31/2023**20. Total Amount of Federal Funds Obligated by this Action**

\$0.00

20a. Direct Cost Amount

\$0.00

20b. Indirect Cost Amount

\$0.00

**21. Authorized Carryover**

\$0.00

**22. Offset**

\$0.00

**23. Total Amount of Federal Funds Obligated this budget period**

\$7,016,680.00

**24. Total Approved Cost Sharing or Matching, where applicable**

\$0.00

**25. Total Federal and Non-Federal Approved this Budget Period**

\$7,016,680.00

**26. Period of Performance Start Date** 06/01/2021 - **End Date** 05/31/2023**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance**

\$7,016,680.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

# 609

## Notice of Award

Award#

FAIN#

Federal Award Date: 06/27/2022

## Recipient Information

## Recipient Name

SACRAMENTO, COUNTY OF

## Congressional District of Recipient

06

## Payment Account Number and Type

## Employer Identification Number (EIN) Data

## Universal Numbering System (DUNS)

## Recipient's Unique Entity Identifier (UEI)

## 31. Assistance Type

Project Grant

## 32. Type of Award

Other

## 33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$1,418,038.00
b. Fringe Benefits	\$833,486.00
c. Total Personnel Costs	\$2,251,524.00
d. Equipment	\$0.00
e. Supplies	\$41,853.00
f. Travel	\$7,004.00
g. Construction	\$0.00
h. Other	\$533,087.00
i. Contractual	\$3,899,865.00
j. TOTAL DIRECT COSTS	\$6,733,333.00
k. INDIRECT COSTS	\$283,347.00
l. TOTAL APPROVED BUDGET	\$7,016,680.00
m. Federal Share	\$7,016,680.00
n. Non-Federal Share	\$0.00

## 34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
		OT	41.51	93.391	\$0.00	

**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice

Centers for Disease Control and Prevention

Award#

FAIN#

Federal

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	
Personnel	\$0.00	0.00	\$0.00
Fringe Benefits	\$0.00	0.00	\$0.00
Travel	\$0.00	0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

## AWARD ATTACHMENTS

SACRAMENTO, COUNTY OF

[REDACTED]

---

1. Revised Terms and Conditions

**Key Personnel:** The purpose of this amendment is to approve the Project Director/Principal Investigator change to [REDACTED] This is in response to the request submitted by your organization dated June 2, 2022.

Please be advised that the recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary and reasonable.

All other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

**PLEASE REFERENCE THE NOFO AND AWARD NUMBER ON ALL  
CORRESPONDENCE**

# **EXHIBIT F**





## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

## Notice of Award

Award#

FAIN#

Federal Award Date: 11/21/2022

## Recipient Information

## 1. Recipient Name

COUNTY OF SACRAMENTO

## 2. Congressional District of Recipient

06

## 3. Payment System Identifier (ID)

## 4. Employer Identification Number (EIN)

## 5. Data Universal Numbering System (DUNS)

## 6. Recipient's Unique Entity Identifier (UEI)

## 7. Project Director or Principal Investigator

## 8. Authorized Official

## Federal Agency Information

CDC Office of Financial Resources

## 9. Awarding Agency Contact Information

## 10. Program Official Contact Information

## 30. Remarks

## Federal Award Information

## 11. Award Number

## 12. Unique Federal Award Identification Number (FAIN)

## 13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

## 14. Federal Award Project Title

Addressing COVID-19 Health Disparities Among High-risk and Underserved Populations, including Communities of Color, in Sacramento County.

## 15. Assistance Listing Number

93.391

## 16. Assistance Listing Program Title

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises

## 17. Award Action Type

No Cost Extension

## 18. Is the Award R&amp;D?

No

## Summary Federal Award Financial Information

19. Budget Period Start Date 06/01/2021 - End Date 05/31/2024

## 20. Total Amount of Federal Funds Obligated by this Action

\$0.00

20a. Direct Cost Amount

\$0.00

20b. Indirect Cost Amount

\$0.00

## 21. Authorized Carryover

\$0.00

## 22. Offset

\$0.00

## 23. Total Amount of Federal Funds Obligated this budget period

\$7,016,680.00

## 24. Total Approved Cost Sharing or Matching, where applicable

\$0.00

## 25. Total Federal and Non-Federal Approved this Budget Period

\$7,016,680.00

## 26. Period of Performance Start Date 06/01/2021 - End Date 05/31/2024

## 27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance

\$7,016,680.00

## 28. Authorized Treatment of Program Income

ADDITIONAL COSTS

## 29. Grants Management Officer - Signature



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

# 615

## Notice of Award

Award#

FAIN#

Federal Award Date: 11/21/2022

## Recipient Information

## Recipient Name

COUNTY OF SACRAMENTO

## Congressional District of Recipient

06

## Payment Account Number and Type

## Employer Identification Number (EIN) Data

## Universal Numbering System (DUNS)

## Recipient's Unique Entity Identifier (UEI)

## 31. Assistance Type

Project Grant

## 32. Type of Award

Other

## 33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$1,418,038.00
b. Fringe Benefits	\$833,486.00
c. Total Personnel Costs	\$2,251,524.00
d. Equipment	\$0.00
e. Supplies	\$41,853.00
f. Travel	\$7,004.00
g. Construction	\$0.00
h. Other	\$533,087.00
i. Contractual	\$3,899,865.00
j. TOTAL DIRECT COSTS	\$6,733,333.00
k. INDIRECT COSTS	\$283,347.00
l. TOTAL APPROVED BUDGET	\$7,016,680.00
m. Federal Share	\$7,016,680.00
n. Non-Federal Share	\$0.00

## 34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
		OT	41.51	93.391	\$0.00	



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

# 616

Not

Awar

FAIN

Feder

## Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	
Personnel	\$0.00	0.	\$0.00
Fringe Benefits	\$0.00	0.0	\$0.00
Travel	\$0.00	0.0	\$0.00
Equipment	\$0.00	0.0	\$0.00
Supplies	\$0.00	\$0.0	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

## AWARD ATTACHMENTS

COUNTY OF SACRAMENTO

---

1. Terms and Conditions



## REVISED TERMS AND CONDITIONS OF AWARD

**No Cost Extension:** The purpose of this amendment is to approve a 12-month No-Cost Extension per the request submitted by your organization dated November 17, 2022. The budget and project period end dates have been extended from May 31, 2023 to May 31, 2024.

**Annual Federal Financial Report (FFR SF-425):** Annual financial reporting is required every twelve-month period. Due to the approved extension period, the final budget period has been extended and an additional annual financial report will be required. A completed FFR SF-425 covering the budget period of June 1, 2022 to May 31, 2023 must be submitted by August 31, 2023.

Recipients must submit all closeout reports identified in this section within 90 days of the period of performance end date. The reporting timeframe is the full period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

**Final Performance Progress and Evaluation Report:** This report should include the information specified in the NOFO and is submitted 90 days following the end of the period of performance via [www.grantsolutions.gov](http://www.grantsolutions.gov). At a minimum, the report will include the following:

1. Statement of progress made toward the achievement of originally stated aims.
2. Description of results (positive or negative) considered significant.
3. List of publications resulting from the project, with plans, if any, for further publication.

Additional guidance may be provided by the GMS and found at:

<https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>

**Final Federal Financial Report (FFR, SF-425):** The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 90 days after the period of performance end date.

The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' PMS, you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

**Equipment and Supplies - Tangible Personal Property Report (SF-428):** A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortBy=1>

If no equipment was acquired under an award, a negative report is required.

The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government.

**Stewardship:** Please be advised that the recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary, and reasonable.

All other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed in writing, by the Grants Management Officer.

**PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE**



# **EXHIBIT G**



Award# [REDACTED]

FAIN# [REDACTED]

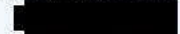
Federal Award Date: 02/09/2024

**Recipient Information****1. Recipient Name**

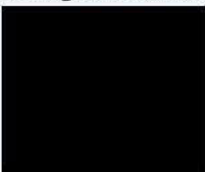
COUNTY OF SACRAMENTO

**2. Congressional District of Recipient**

06

**3. Payment System Identifier (ID)****4. Employer Identification Number (EIN)****5. Data Universal Numbering System (DUNS)****6. Recipient's Unique Entity Identifier (UEI)****7. Project Director or Principal Investigator****8. Authorized Official****Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information****10. Program Official Contact Information****Federal Award Information****11. Award Number****12. Unique Federal Award Identification Number (FAIN)****13. Statutory Authority**

317(K)(2) OF PHSA 42USC 247B(K)(2)

**14. Federal Award Project Title**

Addressing COVID-19 Health Disparities Among High-risk and Underserved Populations, including Communities of Color, in Sacramento County.

**15. Assistance Listing Number**

93.391

**16. Assistance Listing Program Title**

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises

**17. Award Action Type**

No Cost Extension

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information****19. Budget Period Start Date** 06/01/2021 - **End Date** 05/31/2026**20. Total Amount of Federal Funds Obligated by this Action**

\$0.00

20a. Direct Cost Amount

\$0.00

20b. Indirect Cost Amount

\$0.00

**21. Authorized Carryover**

\$0.00

**22. Offset**

\$0.00

**23. Total Amount of Federal Funds Obligated this budget period**

\$7,016,680.00

**24. Total Approved Cost Sharing or Matching, where applicable**

\$0.00

**25. Total Federal and Non-Federal Approved this Budget Period**

\$7,016,680.00

**26. Period of Performance Start Date** 06/01/2021 - **End Date** 05/31/2026**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance**

\$7,016,680.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature****30. Remarks**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

# 622

Notice of Award

Centers for Disease Control and Prevention

Award#

FAIN#

Federal Award Date: 02/09/2024

**Recipient Information****Recipient Name**

COUNTY OF SACRAMENTO

**Congressional District of Recipient**

06

**Payment Account Number and Type****Employer Identification Number (EIN) Data****Universal Numbering System (DUNS)****Recipient's Unique Entity Identifier (UEI)****31. Assistance Type**

Project Grant

**32. Type of Award**

Other

**33. Approved Budget**

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$1,418,038.00
b. Fringe Benefits	\$833,486.00
c. Total Personnel Costs	\$2,251,524.00
d. Equipment	\$0.00
e. Supplies	\$41,853.00
f. Travel	\$7,004.00
g. Construction	\$0.00
h. Other	\$533,087.00
i. Contractual	\$3,899,865.00
j. TOTAL DIRECT COSTS	\$6,733,333.00
k. INDIRECT COSTS	\$283,347.00
l. TOTAL APPROVED BUDGET	\$7,016,680.00
m. Federal Share	\$7,016,680.00
n. Non-Federal Share	\$0.00

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
		OT	41.51		\$0.00	

**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award#

FAIN#

Federal Award Date: 02/09/2024

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

## AWARD ATTACHMENTS

COUNTY OF SACRAMENTO



---

1. Terms and Conditions



#### **ADDITIONAL TERMS AND CONDITIONS OF AWARD**

The General Terms and Conditions for [non-research](#) grants and cooperative agreements have been updated, effective January 23, 2024, to reflect current regulations and requirements for federal financial assistance.

**No Cost Extension:** The purpose of this amendment is to approve a twenty-four (24) month No Cost Extension per the request submitted by your organization dated January 29, 2024. The budget and project period end dates have been extended from May 31, 2024 to May 31, 2026

**Annual Federal Financial Report (FFR SF-425):** Annual financial reporting is required every twelve month period. Due to the approved extension period, the final budget period has been extended and an additional annual financial report will be required. A completed FFR SF-425 covering the budget period of June 1, 2023 to May 31, 2024 must be submitted by August 30, 2024.

Recipients must submit all closeout reports identified in this section within 120 days of the period of performance end date. The reporting timeframe is the full period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

**Final Performance Progress and Evaluation Report (PPER):** This report should include the information specified in the NOFO. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published as a result of the work supported in part or whole by the cooperative grant must be submitted with the performance progress reports.

**Final Federal Financial Report (FFR, SF-425):** The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 120 days after the period of performance end date.

The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' PMS, you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Electronic versions of the FFR SF-425 can be downloaded at:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

**Equipment and Supplies - Tangible Personal Property Report (SF-428):** A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be



submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

If no equipment was acquired under an award, a negative report is required.

The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government.

# **EXHIBIT H**



Award#

FAIN#

Federal Award Date: 07/26/2024

**Recipient Information****1. Recipient Name**

COUNTY OF SACRAMENTO

**2. Congressional District of Recipient**

06

**3. Payment System Identifier (ID)****4. Employer Identification Number (EIN)****5. Data Universal Numbering System (DUNS)****6. Recipient's Unique Entity Identifier (UEI)****7. Project Director or Principal Investigator****8. Authorized Official****Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information****10. Program Official Contact Information****30. Remarks****Federal Award Information****11. Award Number****12. Unique Federal Award Identification Number (FAIN)****13. Statutory Authority**

317(K)(2) OF PHSA 42USC 247B(K)(2)

**14. Federal Award Project Title**

Addressing COVID-19 Health Disparities Among High-risk and Underserved Populations, including Communities of Color, in Sacramento County.

**15. Assistance Listing Number**

93.391

**16. Assistance Listing Program Title**

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises

**17. Award Action Type**

Change in Key Personnel

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information****19. Budget Period Start Date** 06/01/2021 - **End Date** 05/31/2026**20. Total Amount of Federal Funds Obligated by this Action**

\$0.00

20a. Direct Cost Amount

\$0.00

20b. Indirect Cost Amount

\$0.00

**21. Authorized Carryover**

\$0.00

**22. Offset**

\$0.00

**23. Total Amount of Federal Funds Obligated this budget period**

\$7,016,680.00

**24. Total Approved Cost Sharing or Matching, where applicable**

\$0.00

**25. Total Federal and Non-Federal Approved this Budget Period**

\$7,016,680.00

**26. Period of Performance Start Date** 06/01/2021 - **End Date** 05/31/2026**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance**

\$7,016,680.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

# 629

Notice of Award

Centers for Disease Control and Prevention

Award#

FAIN#

Federal Award Date: 07/26/2024

**Recipient Information****Recipient Name**

COUNTY OF SACRAMENTO

**Congressional District of Recipient**

06

**Payment Account Number and Type****Employer Identification Number (EIN) Data****Universal Numbering System (DUNS)****Recipient's Unique Entity Identifier (UEI)****31. Assistance Type**

Project Grant

**32. Type of Award**

Other

**33. Approved Budget**

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$1,418,038.00
b. Fringe Benefits	\$833,486.00
c. Total Personnel Costs	\$2,251,524.00
d. Equipment	\$0.00
e. Supplies	\$41,853.00
f. Travel	\$7,004.00
g. Construction	\$0.00
h. Other	\$533,087.00
i. Contractual	\$3,899,865.00
j. TOTAL DIRECT COSTS	\$6,733,333.00
k. INDIRECT COSTS	\$283,347.00
l. TOTAL APPROVED BUDGET	\$7,016,680.00
m. Federal Share	\$7,016,680.00
n. Non-Federal Share	\$0.00

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
		OT	41.51		\$0.00	



## DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award#

FAIN#

Federal Award Date: 07/26/2024

## Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

## AWARD ATTACHMENTS

COUNTY OF SACRAMENTO



---

1. Terms and Conditions



**ADDITIONAL TERMS AND CONDITIONS OF AWARD**

The General Terms and Conditions for [non-research](#) grants and cooperative agreements have been updated, effective January 23, 2024, to reflect current regulations and requirements for federal financial assistance.

**Key Personnel:** The purpose of this amendment is to approve the Principal Investigator /Program Director change to [REDACTED]. This is in response to the request submitted by your organization dated July 9, 2024.

Please be advised that the recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary and reasonable.

All other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

**PLEASE REFERENCE THE NOFO AND AWARD NUMBER ON ALL CORRESPONDENCE**

# **EXHIBIT I**



Award# [REDACTED]

FAIN# [REDACTED]

Federal Award Date: 10/28/2024

**Recipient Information****1. Recipient Name**

COUNTY OF SACRAMENTO

**2. Congressional District of Recipient**

06

**3. Payment System Identifier (ID)****4. Employer Identification Number (EIN)****5. Data Universal Numbering System (DUNS)****6. Recipient's Unique Entity Identifier (UEI)****7. Project Director or Principal Investigator****8. Authorized Official****Federal Agency Information**

CDC Office [REDACTED]

**9. Awarding Agency Contact Information****10. Program Official Contact Information****30. Remarks****Federal Award Information****11. Award Number****12. Unique Federal Award Identification Number (FAIN)****13. Statutory Authority**

317(K)(2) OF PHSA 42USC 247B(K)(2)

**14. Federal Award Project Title**

Addressing COVID-19 Health Disparities Among High-risk and Underserved Populations, including Communities of Color, in Sacramento County.

**15. Assistance Listing Number**

93.391

**16. Assistance Listing Program Title**

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises

**17. Award Action Type**

Notification of a Contractor or Consultant

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information****19. Budget Period Start Date** 06/01/2021 **- End Date** 05/31/2026**20. Total Amount of Federal Funds Obligated by this Action**

\$0.00

20a. Direct Cost Amount

\$0.00

20b. Indirect Cost Amount

\$0.00

**21. Authorized Carryover**

\$0.00

**22. Offset**

\$0.00

**23. Total Amount of Federal Funds Obligated this budget period**

\$7,016,680.00

**24. Total Approved Cost Sharing or Matching, where applicable**

\$0.00

**25. Total Federal and Non-Federal Approved this Budget Period**

\$7,016,680.00

**26. Period of Performance Start Date** 06/01/2021 **- End Date** 05/31/2026**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance**

\$7,016,680.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

# 635

Notice of Award

Centers for Disease Control and Prevention

Award#

FAIN#

Federal Award Date: 10/28/2024

**Recipient Information****Recipient Name**

COUNTY OF SACRAMENTO

**Congressional District of Recipient**

06

**Payment Account Number and Type****Employer Identification Number (EIN) Data****Universal Numbering System (DUNS)****Recipient's Unique Entity Identifier (UEI)****31. Assistance Type**

Project Grant

**32. Type of Award**

Other

**33. Approved Budget**

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$1,418,038.00
b. Fringe Benefits	\$833,486.00
c. Total Personnel Costs	\$2,251,524.00
d. Equipment	\$0.00
e. Supplies	\$41,853.00
f. Travel	\$7,004.00
g. Construction	\$0.00
h. Other	\$533,087.00
i. Contractual	\$3,899,865.00
j. TOTAL DIRECT COSTS	\$6,733,333.00
k. INDIRECT COSTS	\$283,347.00
l. TOTAL APPROVED BUDGET	\$7,016,680.00
m. Federal Share	\$7,016,680.00
n. Non-Federal Share	\$0.00

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
		OT	41.51	93.391	\$0.00	



## DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award#

FAIN#

Federal Award Date: 10/28/2024

## Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

## AWARD ATTACHMENTS

COUNTY OF SACRAMENTO



---

1. Terms and Conditions



**ADDITIONAL TERMS AND CONDITIONS OF AWARD**

**Consultant**– The consultant listed below is approved all elements have been provided.



Please be advised that the recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary and reasonable.

All other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

**PLEASE REFERENCE THE NOFO AND AWARD NUMBER ON ALL CORRESPONDENCE**

# **EXHIBIT J**



Award#

FAIN#

Federal Award Date: 03/18/2025

**Recipient Information****1. Recipient Name**

COUNTY OF SACRAMENTO

**2. Congressional District of Recipient**

06

**3. Payment System Identifier (ID)****4. Employer Identification Number (EIN)****5. Data Universal Numbering System (DUNS)****6. Recipient's Unique Entity Identifier (UEI)****7. Project Director or Principal Investigator****8. Authorized Official****Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information****10. Program Official Contact Information****30. Remarks****Federal Award Information****11. Award Number****12. Unique Federal Award Identification Number (FAIN)****13. Statutory Authority**

317(K)(2) OF PHSA 42USC 247B(K)(2)

**14. Federal Award Project Title**Addressing COVID-19 Health Disparities Among High-risk and Underserved Populations, including  
Communities of Color, in Sacramento County.**15. Assistance Listing Number**

93.391

**16. Assistance Listing Program Title**Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public  
Health or Healthcare Crises**17. Award Action Type**

Notification of a Contractor or Consultant

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information****19. Budget Period Start Date** 06/01/2021 - **End Date** 05/31/2026**20. Total Amount of Federal Funds Obligated by this Action**

\$0.00

20a. Direct Cost Amount

\$0.00

20b. Indirect Cost Amount

\$0.00

**21. Authorized Carryover**

\$0.00

**22. Offset**

\$0.00

**23. Total Amount of Federal Funds Obligated this budget period**

\$7,016,680.00

**24. Total Approved Cost Sharing or Matching, where applicable**

\$0.00

**25. Total Federal and Non-Federal Approved this Budget Period**

\$7,016,680.00

**26. Period of Performance Start Date** 06/01/2021 - **End Date** 05/31/2026**27. Total Amount of the Federal Award including Approved  
Cost Sharing or Matching this Period of Performance**

\$7,016,680.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

# 641

Notice of Award

Centers for Disease Control and Prevention

Award#

FAIN#

Federal Award Date: 03/18/2025

**Recipient Information****Recipient Name**

COUNTY OF SACRAMENTO

**Congressional District of Recipient**

06

**Payment Account Number and Type****Employer Identification Number (EIN) Data****Universal Numbering System (DUNS)****Recipient's Unique Entity Identifier (UEI)****31. Assistance Type**

Project Grant

**32. Type of Award**

Other

**33. Approved Budget**

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$1,418,038.00
b. Fringe Benefits	\$833,486.00
c. Total Personnel Costs	\$2,251,524.00
d. Equipment	\$0.00
e. Supplies	\$41,853.00
f. Travel	\$7,004.00
g. Construction	\$0.00
h. Other	\$533,087.00
i. Contractual	\$3,899,865.00
j. TOTAL DIRECT COSTS	\$6,733,333.00
k. INDIRECT COSTS	\$283,347.00
l. TOTAL APPROVED BUDGET	\$7,016,680.00
m. Federal Share	\$7,016,680.00
n. Non-Federal Share	\$0.00

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
		OT	41.51	93.391	\$0.00	

**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award#

FAIN#

Federal Award Date: 03/18/2025

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

## AWARD ATTACHMENTS

COUNTY OF SACRAMENTO



---

1. terms and conditions



Notice of Funding Opportunity Number: # 644

**ADDITIONAL TERMS AND CONDITIONS OF AWARD**

**Contractor:** This amended Notice of Award acknowledges receipt of all required elements for the Contractor below. This approval is in response to the request submitted by your organization dated January 22, 2025.

**Name of Contractor:**

Please be advised that the recipient must exercise proper stewardship over federal funds by ensuring that all costs charged to the cooperative agreement are allowable, allocable, and reasonable.

The other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

# **EXHIBIT K**



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

## Notice of Award

Award#

FAIN#

Federal Award Date: 03/24/2025

## Recipient Information

## 1. Recipient Name

COUNTY OF SACRAMENTO

## 2. Congressional District of Recipient

06

## 3. Payment System Identifier (ID)

## 4. Employer Identification Number (EIN)

## 5. Data Universal Numbering System (DUNS)

## 6. Recipient's Unique Entity Identifier (UEI)

## 7. Project Director or Principal Investigator

## 8. Authorized Official

## Federal Agency Information

CDC Office

## 9. Awarding Agency Contact Information

## 10. Program Official Contact Information

## 30. Remarks

Department Authority

## Federal Award Information

## 11. Award Number

## 12. Unique Federal Award Identification Number (FAIN)

## 13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

## 14. Federal Award Project Title

Addressing COVID-19 Health Disparities Among High-risk and Underserved Populations, including  
Communities of Color, in Sacramento County.

## 15. Assistance Listing Number

93.391

## 16. Assistance Listing Program Title

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public  
Health or Healthcare Crises

## 17. Award Action Type

Terminate

## 18. Is the Award R&amp;D?

No

## Summary Federal Award Financial Information

## 19. Budget Period Start Date 06/01/2021 - End Date 03/24/2025

## 20. Total Amount of Federal Funds Obligated by this Action

\$0.00

20a. Direct Cost Amount

\$0.00

20b. Indirect Cost Amount

\$0.00

## 21. Authorized Carryover

\$0.00

## 22. Offset

\$0.00

## 23. Total Amount of Federal Funds Obligated this budget period

\$7,016,680.00

## 24. Total Approved Cost Sharing or Matching, where applicable

\$0.00

## 25. Total Federal and Non-Federal Approved this Budget Period

\$7,016,680.00

## 26. Period of Performance Start Date 06/01/2021 - End Date 03/24/2025

27. Total Amount of the Federal Award including Approved  
Cost Sharing or Matching this Period of Performance

\$7,016,680.00

## 28. Authorized Treatment of Program Income

ADDITIONAL COSTS

## 29. Grants Management Officer - Signature



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

# 647

Notice of Award

Award#

FAIN#

Federal Award Date: 03/24/2025

**Recipient Information****Recipient Name**

COUNTY OF SACRAMENTO

**Congressional District of Recipient**

06

**Payment Account Number and Type****Employer Identification Number (EIN) Data****Universal Numbering System (DUNS)****Recipient's Unique Entity Identifier (UEI)****31. Assistance Type**

Project Grant

**32. Type of Award**

Other

**33. Approved Budget**

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$1,418,038.00
b. Fringe Benefits	\$833,486.00
c. Total Personnel Costs	\$2,251,524.00
d. Equipment	\$0.00
e. Supplies	\$41,853.00
f. Travel	\$7,004.00
g. Construction	\$0.00
h. Other	\$533,087.00
i. Contractual	\$3,899,865.00
j. TOTAL DIRECT COSTS	\$6,733,333.00
k. INDIRECT COSTS	\$283,347.00
l. TOTAL APPROVED BUDGET	\$7,016,680.00
m. Federal Share	\$7,016,680.00
n. Non-Federal Share	\$0.00

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
		OT	41.51	93.391	\$0.00	


**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award#

FAIN#

Federal Award Date: 03/24/2025

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

## AWARD ATTACHMENTS

COUNTY OF SACRAMENTO

---

1. Termination Terms and Conditions



## **TERMS AND CONDITIONS OF AWARD**

**Termination:** The purpose of this amendment is to terminate this award which is funded by COVID-19 supplemental appropriations. The termination of this award is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of this award is effective as of the date set out in your Notice of Award.

No additional activities can be conducted, and no additional costs may be incurred. Unobligated award balances will be de-obligated by CDC.

**Closeout:** In order to facilitate an orderly closeout, we are requesting that you submit all closeout reports identified below within thirty (30) days of the date of this NoA. Submit the documentation as a “Grant Closeout” amendment in GrantSolutions. The reporting timeframe is the full period of performance. Please note, if you fail to submit timely and accurate reports, CDC may also pursue other enforcement actions per 45 CFR Part 75.371.

**Final Performance/Progress Report:** This report should include the information specified in the Notice of Funding Opportunity (NOFO). At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

**Final Federal Financial Report (FFR, SF-425):** The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

**Equipment and Supplies - Tangible Personal Property Report (SF-428):** A completed SF-428 detailing all major equipment acquired with a unit acquisition cost of \$10,000 or more. If no equipment was acquired under the award, a negative report is required

# **EXHIBIT L**



State Public Health Officer &amp; Director

State of California—Health and Human Services Agency  
California Department of Public HealthGAVIN NEWSOM  
Governor

DATE: July 21, 2020

TO: Immunization Coordinators  
Local Health Officers

FROM:

SUBJECT: Letter of Intent to Award Funding

Dear [REDACTED],

I am writing today to notify you of our intent to award Sacramento an additional amount of \$216,036 for FY2020-21. The Immunization Branch has received supplemental funding from the Centers of Disease Control to conduct enhanced influenza activities as part of the COVID-19 response. The annual immunization funding announcement will be released within the next few days. As part of the announcement, you will be asked to submit a new application and budget so that we may amend your current agreement. The total award to Sacramento for use in FY2020-21 is \$624,911.

Sacramento's agreement with CDPH, number [REDACTED] remains in effect and allows for continued work and billing to CDPH. The subvention agreement allows the County to begin enhanced influenza activities now and include associated costs in quarterly invoices.

Immunization Branch contract analysts will work with the California Department of Public Health, Contracts Management Unit to amend the existing agreement to include the additional supplemental funding, but execution of the agreement does not preclude implementation of the enhanced flu activities.

If you need any further information, please feel free to contact me at [REDACTED] or [REDACTED]@cdph.ca.gov.

Immunization Branch / Division of Communicable Disease Control [REDACTED]



# **EXHIBIT M**



Acting Director

State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
Governor

DATE: October 16, 2020

TO: Immunization Coordinators  
Local Health Officers

FROM:

SUBJECT: **Letter of Intent to Award Funding**

Dear [REDACTED],

I am writing today to notify you of our intent to award Sacramento an additional amount of \$260,284 for FY2020-21. The Immunization Branch has received supplemental funding from the Centers of Disease Control to conduct enhanced influenza activities as part of the COVID-19 response. The annual immunization funding announcement will be released within the next few days. As part of the announcement, you will be asked to submit a new application and budget so that we may amend your current agreement. The total award to Sacramento for use in FY2020-21 is \$885,195.

Sacramento's agreement with CDPH, number [REDACTED] remains in effect and allows for continued work and billing to CDPH. The subvention agreement allows the County to begin enhanced influenza activities now and include associated costs in quarterly invoices.

Immunization Branch contract analysts will work with the California Department of Public Health, Contracts Management Unit to amend the existing agreement to include the additional supplemental funding, but execution of the agreement does not preclude implementation of the enhanced flu activities.

If you need any further information, please feel free to contact me at [REDACTED] or [REDACTED]@cdph.ca.gov.

Immunization Branch / Division of Communicable Disease Control



# **EXHIBIT N**





State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
Governor

[REDACTED]  
Director and State Public Health Officer

DATE: April 1, 2021

TO: Immunization Coordinators  
Local Health Officers

FROM: [REDACTED]

SUBJECT: **Letter of Intent to Award Funding**

Dear [REDACTED]

I am writing today to notify you of our intent to award Sacramento an additional amount of \$6,299,808 for FY2021-22. The Immunization Branch has received supplemental funding from the Centers of Disease Control to increase COVID-19 vaccination services. The funding announcement for these supplemental funds will be released within the next few days. As part of the announcement, you will be asked to submit a new application and budget so that we may amend your current agreement.

Sacramento's agreement with CDPH, number [REDACTED], remains in effect and allows for continued work and billing to CDPH. The local assistance agreement allows the County to continue COVID 19 vaccination services through the new fiscal year, July 1, 2021 – June 30, 2022.

Immunization Branch contract analysts will work with the California Department of Public Health, Contracts Management Unit to amend the existing agreement to include the additional supplemental funding, but execution of the agreement does not preclude continuance of COVID-19 vaccination activities.

If your LHD needs access to the additional funds this fiscal year (FY2020-21), please let us know by end of day Monday, April 5. Utilizing this additional funding in FY2020-21 will require a fully executed grant amendment 3, which means this is only possible with a fully executed amendment 2. If we do not hear from you by COB April 5, we will move forward to apply the new funding to the next fiscal year FY2021-22, effective July 1, 2021.

If you need any further information, please feel free to contact me at [REDACTED]@cdph.ca.gov. I will be out of the office from April 5 through April 9. If you need information next week, please contact [REDACTED]@cdph.ca.gov.

Immunization Branch / Division of Communicable Disease Control  
[REDACTED]



# **EXHIBIT O**



State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
Governor

[REDACTED]  
Director and State Public Health Officer

DATE: August 17, 2021

TO: Immunization Coordinators  
County Health Executives Association of California (CHEAC) Members  
Local Health Officers

FROM: [REDACTED]

SUBJECT: **Letter of Intent to Award Funding**

Dear [REDACTED],

I am writing today to notify you of our intent to award Sacramento an additional amount of \$6,039,524 for FY2021-22. This additional amount is the COVID-19 round 4 funding. The Immunization Branch has received supplemental funding from the Centers of Disease Control to increase COVID-19 vaccination services. The annual immunization funding announcement and COVID-19 funding announcement will both be released within the next few days. As part of the announcements, you will be asked to submit two new applications and two budgets so that we may amend your current agreement.

Sacramento's agreement with CDPH, number [REDACTED] remains in effect and allows for continued work and billing to CDPH. The subvention agreement allows the County to begin COVID-19 vaccination services effective July 1, 2021 – June 30, 2022.

Immunization Branch contract analysts will work with the CDPH Contracts Management Unit to amend the existing agreement to include the additional funding, but execution of the agreement does not preclude continuance of existing activities.

If you need any further information, please feel free to contact me at [REDACTED] or [REDACTED]@cdph.ca.gov.

# **EXHIBIT P**





Award# [REDACTED]

FAIN# [REDACTED]

Federal Award Date: 01/15/2021

**Recipient Information****1. Recipient Name**

California Department of Public Health

[REDACTED]

[NO DATA]

**2. Congressional District of Recipient**

06

**3. Payment System Identifier (ID)**

[REDACTED]

**4. Employer Identification Number (EIN)**

[REDACTED]

**5. Data Universal Numbering System (DUNS)**

[REDACTED]

**6. Recipient's Unique Entity Identifier****7. Project Director or Principal Investigator**

[REDACTED]

**8. Authorized Official**

[REDACTED]

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

[REDACTED]

**10. Program Official Contact Information**

[REDACTED]

**30. Remarks****Federal Award Information****11. Award Number**

[REDACTED]

**12. Unique Federal Award Identification Number (FAIN)**

[REDACTED]

**13. Statutory Authority**

Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended

**14. Federal Award Project Title**

CDC-RFA-IP19-1901 Immunization and Vaccines for Children

**15. Assistance Listing Number**

93.268

**16. Assistance Listing Program Title**

Immunization Cooperative Agreements

**17. Award Action Type**

Supplement

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information****19. Budget Period Start Date** 07/01/2020 - **End Date** 06/30/2021**20. Total Amount of Federal Funds Obligated by this Action** \$357,026,635.00

20a. Direct Cost Amount \$357,026,635.00

20b. Indirect Cost Amount \$0.00

**21. Authorized Carryover** \$596,980.00**22. Offset** \$0.00**23. Total Amount of Federal Funds Obligated this budget period** \$86,718,246.00**24. Total Approved Cost Sharing or Matching, where applicable** \$0.00**25. Total Federal and Non-Federal Approved this Budget Period** \$443,744,881.00**26. Project Period Start Date** 07/01/2019 - **End Date** 06/30/2024**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period** \$500,693,560.00**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

[REDACTED]



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

# 661

Notice of Award

Award#

FAIN#

Federal Award Date: 01/15/2021

**Recipient Information****Recipient Name**

California Department of Public Health

**Congressional District of Recipient**

06

**Payment Account Number and Type****Employer Identification Number (EIN) Data****Universal Numbering System (DUNS)****Recipient's Unique Entity Identifier**

Not Available

**31. Assistance Type**

Cooperative Agreement

**32. Type of Award**

Demonstration

**33. Approved Budget**

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$1,937,182.00
b. Fringe Benefits	\$1,017,876.00
c. Total Personnel Costs	\$2,955,058.00
d. Equipment	\$0.00
e. Supplies	\$1,169,849.00
f. Travel	\$84,245.00
g. Construction	\$0.00
h. Other	\$362,211,061.00
i. Contractual	\$77,336,521.00
j. TOTAL DIRECT COSTS	\$443,756,734.00
k. INDIRECT COSTS	\$585,127.00
l. TOTAL APPROVED BUDGET	\$444,341,861.00
m. Federal Share	\$444,341,861.00
n. Non-Federal Share	\$0.00

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
		IP	41.51	\$357,026,635.00	




**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award#

FAIN#

Federal Award Date: 01/15/2021

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

## AWARD ATTACHMENTS

California Department of Public Health

---

1. Terms and Conditions

**AWARD INFORMATION**

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number IP19-1901, entitled, *Immunization and Vaccines for Children*, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Supplemental Component Funding:** Additional funding in the amount \$357,026,635 is approved for the Year 02 budget period, which is July 1, 2020 through June 30, 2021.

The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount
COVID-19	\$357,026,635

**Recipients have until June 30, 2024 to expend all COVID-19 funds herein and previously funded.**

**Overtime:** Because overtime costs are a very likely and reasonable expense during the response to COVID-19, CDC will allow recipients to include projected overtime in their budgets. Recipients should be careful to estimate costs based on current real-time needs and will still be required to follow federal rules and regulations in accounting for the employees' time and effort.

**Coronavirus Disease 2019 (COVID-19) Funds:** A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); and/or the Consolidated Appropriations Act, 2021, Division M – Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (P.L. 116-266), agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting [guidance](https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf) is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the

purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

**Unallowable Costs:**

- Research
- Clinical care
- Publicity and propaganda (lobbying):
  - Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
  - See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients:  
[https://www.cdc.gov/grants/documents/Anti-Lobbying\\_Restrictions\\_for\\_CDC\\_Grantees\\_July\\_2012.pdf](https://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf)
- All unallowable costs cited in CDC-RFA-IP19-1901 remain in effect, unless specifically amended in this guidance, in accordance with 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, And Audit Requirements for HHS Awards.

**COVID-19 Funding Budget Revision Requirement:** The recipient must submit a revised budget with a narrative justification within 45 days of receipt of the Notice of Award. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the Awarding Agency Contact Information section on the first page before the due date.

## ADMINISTRATIVE REQUIREMENTS

The recipient must respond to the comments in the technical review and/or OGS Budget Comments in accordance with the recommendations provided in GrantSolutions as a Grant Note within 45 days of receipt of the Notice of Award. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the Awarding Agency Contact Information section on the first page before the due date.

## REPORTING REQUIREMENTS

**Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS):** Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to



the HHS OIG at the following addresses:

CDC, Office of Grants Services

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED] [@cdc.gov](mailto:[REDACTED]@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED] [@oig.hhs.gov](mailto:[REDACTED]@oig.hhs.gov)

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

#### **PAYMENT INFORMATION**

*The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1- 800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to [hhtips@oig.hhs.gov](mailto:hhtips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.*

**Payment Management System Subaccount:** Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

**Stewardship:** The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.



# **EXHIBIT Q**



Director and State Public Health Officer

State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
Governor

March 2, 2021

[REDACTED]

**Authority:**

Section 311(c)(1) of the Public Health  
Service Act (42 USC 243(c)(1))

Coronavirus Response and Relief  
Supplemental Appropriations Act, 2021  
(P.L. 116-260)

**COVID-19 ELC Enhancing Detection Expansion Funding**  
**Award Number COVID-19ELC92**  
**County of Sacramento**

Dear Dr. [REDACTED]:

This letter covers the reimbursement for the ELC Enhancing Detection Expansion funding through the Coronavirus Response and Relief Supplemental Appropriations Act of 2021, P.L. 116-260, to provide additional critical support as we continue to address COVID-19 within our communities. Funding for these activities is covered for the period beginning January 15, 2021 to July 31, 2023. The California Department of Public Health (CDPH) is allocating **\$59,781,149** to **County of Sacramento**.

Like the work supported by ELC Enhancing Detection, this funding expands support of testing, case investigation and contact tracing, surveillance, containment, and mitigation. Although this funding spans the same six Strategies as the ELC Enhancing Detection funds allocated in early August 2020, there has been a significant amount of additional allowable activities added to each of those Strategies. You are encouraged to review the Guidance document (Attachment 4), specifically the red font which highlights additional allowable activities within each Strategy beginning on page 9.

**Funding:**

The funding term is January 15, 2021 to July 31, 2023. CDPH will evaluate spending at the local level in January 2022. CDPH, in consultation with the California Conference of Local Health Officers and California Health Executives Association of California, will consider options for possible redirection of funds at that time.

CDPH Emergency Preparedness Office [REDACTED]



**Submission Requirements:**

1. Complete a Workplan and Spend Plan by **March 31, 2021** and submit to CDPH at: [REDACTED]@cdph.ca.gov. See *Attachments 1 and 2*. Your Agency should consider the following when developing your Workplan and Spend Plan:

- It is recommended that your Agency fund an administrative position to ensure fiscal accountability and reporting requirements of the various ELC funds.
- Your Agency must work in coordination with tribal governments, community-based organizations, and faith-based organizations, particularly those with experience with high-risk populations based upon county COVID-19 surveillance data. There is no explicit cap or percentage that must go to these partners; however, you must reach out to them and enlist their help where it makes sense (i.e. outreach, testing strategy, education, or housing, etc.).
- Your Agency is encouraged to recruit and give hiring preference to unemployed workers, underemployed workers, and applicants from local communities disproportionately affected by COVID-19, who are qualified to perform the work. In addition, you are encouraged to work with applicants from your community when executing contracts and other services.
- Your Agency's Equity Targeted Investment Plan is on a tab embedded within your workplan labeled "Health Equity". These plans are used to reflect equity activities across all ELC strategies. Please see Attachment 6 for additional information and instructions for completing this portion of your workplan. Please also include in the packet your vaccine equity plan (due to CDPH earlier in March) which should describe the network equity capacity that currently exists in your jurisdiction; as well as potential and future potential to administer vaccines in the jurisdiction's Health Equity Quartile zip codes. The vaccine equity plan should also include the locations and populations being served, a description of the jurisdiction's strategies/activities/educational approaches with community partners to reflect strategies/activities/educational approaches; as well as identification of other support needs to reach disproportionately impacted populations in the Health Equity Quartile zip codes.
- CDC guidance allows ELC Enhancing Detection Expansion funding to be used for expenses that compliment other CDC vaccine delivery efforts, such as staff, contractors, call centers, storage, and other infrastructure needs. Your Agency should prioritize vaccine specific funding and then determine how best to incorporate vaccine-related activities with this funding through your workplan.



**Reporting Requirements:**

As a subrecipient of the COVID-19 ELC Enhancing Detection Expansion funding, the CDC requires submission of the following reporting documents. Additionally, CDPH will require additional data metric reporting related to Strategy 5 (contact tracing and isolation and quarantine activities). For your convenience, your Contract Manager will issue reminders as these dates get closer.

1. Submit quarterly progress reports to CDPH following the schedule below to provide status of timelines, goals, and objectives outlined in your workplan. Reporting must include a list of tribal governments, community-based organizations, and faith-based organizations that your Agency has included in its efforts. See *Attachment 1*. Note, if your workplan is under review by CDPH and has not been approved by the progress report due date, you are still required to submit your progress report to CDPH.

Year/Quarter	Reporting Period	Due Date
Year 1/Q1	January 15, 2021 – April 30, 2021	June 1, 2021
Year 1/Q2	May 1, 2021 – July 31, 2021	August 31, 2021
Year 1/Q3	August 1, 2021 – October 31, 2021	November 30, 2021
Year 1/Q4	November 1, 2021 – January 31, 2022	February 28, 2022
Year 2/Q1	February 1, 2022 – April 30, 2022	May 31, 2022
Year 2/Q2	May 1, 2022 – July 31, 2022	August 31, 2022
Year 2/Q3	August 1, 2022 – October 31, 2022	November 30, 2022
Year 2/Q4	November 1, 2022 – January 31, 2023	February 28, 2023
Year 3/Q1	February 1, 2023 – April 30, 2023	May 31, 2023
Final	May 1, 2023 – July 31, 2023	August 31, 2023

2. Submit monthly expenditure reports on the last day of each month, beginning on April 30, 2021. Expenditure reporting should be completed within your Spend Plan. Note, if your spend plan is under review by CDPH and has not been approved by the reporting due date, you are still required to submit your expenditure report to CDPH.
3. For Agencies not using the CalCONNECT Contact Tracing data management system comprehensively for all of their COVID-19 cases, there may be additional reporting required on a monthly basis related to Strategy 5 activities. CDPH will provide a template to use to facilitate the reporting of these additional data metrics.

**Reimbursement/Invoicing:**

CDPH will reimburse your Agency upon receipt of invoice. In order to receive your reimbursements, please complete and submit your invoice(s) to: [CDPHELC@cdph.ca.gov](mailto:CDPHELC@cdph.ca.gov). See *Attachment 3*.

1. First Quarter Payment: CDPH will issue a warrant (check) to your Agency for 25% of your total allocation, this will be issued as an advance payment.
2. Future payments will be based on reimbursement of expenditures once the 25% advance payment has been fully expended. In order to receive future payments, your Agency must complete and submit reporting documentation within Attachments 1 and 2 following the due dates above within Reporting Requirements.
3. Your Agency must maintain supporting documentation for any expenditures invoiced to CDPH against this source of funding. Documentation should be readily available in the event of an audit or upon request from CDPH. Documentation should be maintained onsite for five years.

Thank you for the time your Agency has and will continue to invest in this response. We are hopeful that this additional funding can support the needs of your local health jurisdiction and that it provides adequate resources for your participation in ELC Enhancing Detection Expansion activities. CDPH is hosting a webinar on Friday, March 5<sup>th</sup> at 1:30pm to go over the requirements and activities of this funding. If you have any questions or need further clarification, please reach out to [CDPHELC@cdph.ca.gov](mailto:CDPHELC@cdph.ca.gov).

Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

Emergency Preparedness Office  
California Department of Public Health

### ***Attachments***

Attachment 1: Workplan and Progress Report  
Attachment 2: Spend Plan and Expenditure Report  
Attachment 3: Invoice Template  
Attachment 4: ELC Enhancing Detection Guidelines  
Attachment 5: Local Allocations  
Attachment 6: Equity Targeted Investment Plan Instructions

# **EXHIBIT R**





Acting Director

State of California—Health and Human Services Agency  
**California Department of Public Health**



GAVIN NEWSOM  
 Governor

August 11, 2020



**COVID-19 ELC Enhancing Detection Funding**  
**Award Number COVID-19ELC34**  
**County of Sacramento**

**Authority:**

Section 311(c)(1) of the Public Health Service Act (42 USC 243(c)(1))

Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123)

Coronavirus Aid, Relief, and Economic Security Act, 2020 (CARES Act) (P.L. 116-136)

Paycheck Protection Program and Health Care Enhancement Act, 2020 (P.L. 116-139)

Dear [REDACTED]

This letter covers the reimbursement for the Paycheck Protection Program and Health Care Enhancement Act Response Activities for Cross-Cutting Emerging Issues. Funding for these activities is covered for the period May 18, 2020 to November 17, 2022. The California Department of Public Health (CDPH) is allocating **\$12,109,320** to **County of Sacramento**. These funds are intended to provide critical resources to local health departments (LHD) in support of a broad range of COVID-19/SARS-CoV-2 testing and epidemiologic surveillance related activities, including the establishment of modernized public health surveillance systems. The work supported by ELC Enhancing Detection expands upon previous COVID-19 awards (ELC CARES and ELC Community-based Surveillance). These funds will support the public health response to COVID-19 and lay the foundation for the future of public health surveillance.

This allocation spans six different strategies that collectively build upon current investments and better prepare California to address COVID-19 response needs over the next 24 months and allow the state to prioritize and target resources to those most vulnerable to the impacts of the disease. Below is a table which outlines each strategy and corresponding allocation for your Agency:

Strategy	Allocation
1. Enhance Laboratory, Surveillance and Other Workforce Capacity for local health department staffing needs to implement actions across all strategies identified by this source of funding.	<b>\$1,171,170</b>

2. Strengthen Laboratory Testing to include building high throughput capacity in California's public health laboratories as well as expanding partnerships to increase the reach of testing services.	<b>\$2,500,000</b>
3. Advance Electronic Data Exchange at Public Health Laboratories by improving and/or replacing the existing disease reporting system, CalREDIE.	<b>\$300,000</b>
4. Improve Public Health Surveillance and Reporting of Electronic Health Data by enhanced disease monitoring activities to identify disparities and track progress in reducing disparities over time.	<b>\$384,921</b>
5. Use Laboratory Data to Enhance Investigation, Response and Prevention by supporting the State of California's comprehensive contact tracing program, California Connected, which was developed in April 2020 and includes an academic training institute, statewide data management and communications platform to support COVID-19 contact tracing work by local health departments.	<b>\$6,998,908</b>
6. Coordinate and Engage with Partners. Under the state's Roadmap to Resilience, counties who wish to open sectors of the community at their own speed were required to submit a Variance Attestation which included engagement with skilled nursing facilities to reduce disease transmission in these facilities.	<b>\$754,321</b>
<b>Total Allocation</b>	<b>\$12,109,320</b>

**Funding:**

The funding term is May 18, 2020 to November 17, 2022. CDPH plans to evaluate spending at the local level after a ten month period from the date of this letter. CDPH, in consultation with the California Conference of Local Health Officers and California Health Executives Association of California, will consider options for possible redirection of funds at that time.

**Submission Requirements:**

1. Complete a Workplan by **August 31, 2020** and submit to the California Department of Public Health at [CDPHELC@cdph.ca.gov](mailto:CDPHELC@cdph.ca.gov). See *Attachment 1*.
2. Complete a Spend Plan by **August 31, 2020** and submit to the California Department of Public Health at [CDPHELC@cdph.ca.gov](mailto:CDPHELC@cdph.ca.gov). See *Attachment 2*. Your Agency should consider the following when developing your Spend Plan:



- Staffing: You are encouraged to hire an Epidemiologist for Strategy 4; and a minimum 1 FTE Infection Preventionist for Strategy 6.
- Your Agency must work in coordination with tribal governments, community-based organizations, and faith-based organizations within Strategy 2 and 5, particularly those with experience with high-risk populations based upon county COVID-19 testing data. There is no explicit cap or percentage that must go to these partners; however, you must reach out to them and enlist their help where it makes sense (i.e. outreach, testing strategy, education, or housing, etc.). Such engagement must include a community meeting and the plan should include a list of community engagement participants.
- Your agency is encouraged to recruit and give hiring preference to unemployed workers, underemployed workers, and applicants from local communities disproportionately affected by COVID-19, who are qualified to perform the work. In addition, you are encouraged to work with applicants from your community when executing contracts and other services.

#### **Reporting Requirements:**

As a subrecipient of the COVID-19 ELC Enhancing Detection funding, the CDC requires submission of the following reporting documents to CDPH. Additionally, CDPH will require additional data metric reporting related to Strategy 5 (contact tracing and isolation and quarantine activities). For your convenience, your Contract Manager will issue reminders as these dates get closer.

1. Submit quarterly progress reports on status of timelines, goals, and objectives in the approved work plan. Such report must include a list of tribal governments, community-based organizations, and faith-based organizations that the county has included in its efforts. See *Attachment 1*.
2. Submit quarterly expenditure reports following the dates listed in the table below. See *Attachment 2*.

Quarter	Reporting Period	Due Date
Year 1/Q1	May 18, 2020 – July 31, 2020	August 31, 2020
Year 1/Q2	August 1, 2020 – October 31, 2020	November 30, 2020
Year 1/Q3	November 1, 2020 – January 31, 2021	March 1, 2021
Year 1/Q4	February 1, 2021 – April 30, 2021	May 31, 2021
Year 2/Q1	May 1, 2021 – July 31, 2021	August 30, 2021
Year 2/Q2	August 1, 2021 – October 31, 2021	November 30, 2021
Year 2/Q3	November 1, 2021 – January 31, 2022	February 28, 2022
Year 2/Q4	February 1, 2022 – April 30, 2022	May 31, 2022
Year 3/Q1	May 1, 2022 – July 31, 2022	August 31, 2022
Final	August 1, 2022 – November 17, 2022	December 15, 2022

3. Your Agency may be requested to report on performance measures as needed.

4. For Agencies not using the CalCONNECT Contact Tracing data management system comprehensively for all of their COVID-19 cases, there may be additional reporting required on a monthly basis related to Strategy 5 activities. CDPH will provide a template to use to facilitate the reporting of these additional data metrics.

**Reimbursement/Invoicing:**

CDPH will reimburse your Agency upon receipt of invoice. In order to receive your reimbursements, please complete and submit your invoices to: [CDPHELC@cdph.ca.gov](mailto:CDPHELC@cdph.ca.gov). See Attachment 3.

1. First Quarter Payment: CDPH will issue warrants (checks) to your Agency for 25% of each Strategy which equates to 25% of your total allocation, this will be issued as an advance payment.
2. Future Payments: Future payments will be based on reimbursement of expenditures. In order to receive future payments, your Agency must complete and submit reporting documentation within Attachments 1 and 2 following the due dates in the table on the previous page.
3. Your Agency must maintain supporting documentation for any expenditures invoiced to CDPH against this source of funding. Documentation should be readily available in the event of an audit or upon request from your Contract Manager. Documentation should be maintained onsite for five years.

Thank you for the time your Agency has and will continue to invest in this response. We are hopeful that this additional funding can support the needs of your local health department and that it provides adequate resources for your participation in ELC Enhancing Detection. If you have any questions or need further clarification regarding this funding, please reach out to [CDPHELC@cdph.ca.gov](mailto:CDPHELC@cdph.ca.gov).

Sincerely,



California Department of Public Health

**Attachments**

Attachment 1: Workplan and Progress Report  
Attachment 2: Spend Plan and Expenditure Report  
Attachment 3: Invoice Template  
Attachment 4: ELC Enhancing Detection Guidelines  
Attachment 5: Local Allocations

# **EXHIBIT S**





Director and State Public Health Officer

State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
Governor

June 16, 2022

TO: All Local Health Officers and Health Directors

**COVID-19 ELC Enhancing Detection and ELC Expansion  
Funding Extension**

Dear Local Health Officers and Directors:

This letter serves as official notification of the following funding period extensions:

1. ELC Enhancing Detection (\$286 million) funding was provided to local health departments through the federal Paycheck Protection Program and Health Care Enhancement Act. The funding period was originally May 18, 2020 through November 17, 2022 and has now been modified to **May 18, 2020 through July 31, 2024.**
2. ELC Enhancing Detection Expansion (\$1.1 billion) was provided to local health departments through the Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020. The funding period was originally January 15, 2021 through July 31, 2023 and has now been modified to **January 15, 2021 through July 31, 2024.**

Additional reports will be added to the reporting schedule to accommodate the extended period of service for both grants. Please see attached updated reporting schedule.

The allocation to your jurisdiction for both ELC Enhancing Detection and ELC Enhancing Detection Expansion grants will remain unchanged. All other terms and conditions remain unchanged.

If you have any questions or need further clarification, please reach out to [CDPHELC@cdph.ca.gov](mailto:CDPHELC@cdph.ca.gov).

Sincerely,

[Redacted Signature]

[Redacted Title]

Emergency Preparedness Office  
California Department of Public Health

cc: Local ELC Coordinators

CDPH Emergency Preparedness Office.

[Redacted Contact Information]





# **EXHIBIT T**



Director and State Public Health Officer

State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
Governor

November 9, 2023

TO: All Local Health Officers and Health Directors

**COVID-19 ELC Enhancing Detection and ELC Expansion  
Funding Extension**

Dear Local Health Officers and Directors:

This letter serves as official notification of the approval of a no-cost extension for the following funding streams:

1. **ELC Enhancing Detection** (\$286 million) funding was provided to local health departments through the federal Paycheck Protection Program and Health Care Enhancement Act. The funding period was originally May 18, 2020 through November 17, 2022 and has now been extended to **July 31, 2026**.
2. **ELC Enhancing Detection Expansion** (\$1.1 billion) was provided to local health departments through the Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020. The funding period was originally January 15, 2021 through July 31, 2023 and has now been extended to **July 31, 2026**.

Additional reports have been added to the reporting schedules to accommodate the extended period of service for both grants.

The allocation to your jurisdiction for both ELC Enhancing Detection and ELC Enhancing Detection Expansion grants will remain unchanged. All other terms and conditions remain unchanged.

If you have any questions or need further clarification, please reach out to [LocalEmergencyFunding@cdph.ca.gov](mailto:LocalEmergencyFunding@cdph.ca.gov).

Sincerely,



Center for Preparedness and Response  
California Department of Public Healthcc: Local ELC Coordinators

CDPH Emergency Preparedness Office, [Redacted]

